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7. TABLES

7.3 Payers and Payment Mechanisms

7.3.1 *Mental Health Expenditures: Overview* Tables 70–77

7.3.2 *Revenues and Expenditures by Public Funding Source*

Medicaid

Medicare

Veterans Mental Health

State Mental Health Agencies

7.3.3 *Private Employer-Sponsored Mental Health Benefits*

7.3.4 *Mental Health Prescription Medication Use*

Table 70. Mental health expenditures, by type of provider, United States, selected years 1986–2005

[Data are based on national expenditures for mental health services]

Type of provider	1986 (millions of dollars)	1993 (millions of dollars)	2000 (millions of dollars)	2003 (millions of dollars)	2005 (millions of dollars)
Total expenditures	\$31,764	\$54,249	\$79,295	\$100,302	\$112,787
Total all service providers and products	30,222	51,138	74,225	92,872	104,403
Total all service providers	27,860	46,531	57,528	67,045	74,429
All hospitals	13,596	21,054	23,443	27,409	30,166
General hospitals	5,345	9,211	12,444	14,960	16,750
General hospital, specialty units ¹	3,026	6,474	9,131	10,831	11,540
General hospital, nonspecialty care	2,320	2,737	3,313	4,129	5,210
Specialty hospitals	8,251	11,843	10,999	12,449	13,416
All physicians	3,814	7,440	11,193	13,736	16,266
Psychiatrists	2,755	5,239	8,100	9,332	11,403
Nonpsychiatric physicians	1,058	2,201	3,093	4,405	4,864
Other professionals ²	1,519	3,480	4,765	5,364	5,812
Freestanding nursing homes	4,903	5,593	5,313	6,266	6,855
Freestanding home health	112	376	609	832	1,070
All other personal and public health	3,916	8,588	12,205	13,438	14,259
Specialty facilities, nonhospital ³	3,916	8,588	12,205	13,438	14,259
Retail prescription medication ⁴	2,362	4,607	16,697	25,826	29,974
Insurance administration ⁵	1,542	3,111	5,071	7,430	8,384
All specialty providers ⁶	19,467	35,624	45,200	51,414	56,430
All nonspecialty providers ⁷	8,393	10,907	12,328	15,632	17,999

¹ General hospital specialty units include all spending for mental health care in Veterans Affairs hospitals.

² Other professionals include paid specialty providers who are not physicians, such as counselors, psychologists, and social workers.

³ Specialty facilities, nonhospital include organizations providing outpatient and/or residential services or a combination of services to individuals with mental illness or substance use diagnoses.

⁴ Retail prescription medication includes psychotropic medications sold through retail outlets and mail order pharmacies; excluded are sales through hospitals, exclusive-to-patient health maintenance organizations, and nursing home pharmacies.

⁵ Insurance administration includes spending for the cost of running various government health care insurance programs, as well as the administrative costs and profit of private health insurance.

⁶ All specialty providers include community hospital specialty units, specialty hospitals, psychiatrists, other professionals, and specialty mental health centers.

⁷ All nonspecialty providers include community hospital nonspecialty care, nonpsychiatric physicians, freestanding nursing homes, and freestanding home health.

Table 70 notes *(continued)*

NOTES: National Expenditures for Mental Health Services and Substance Abuse Treatment (Spending Estimates Project [SEP]) presents a broad overview of spending on mental health services and substance abuse treatment. SEP uses data from 15 national sources to produce these estimates.

These data include revisions and may differ from previously published data. These data are not adjusted for inflation.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *National expenditures for mental health services and substance abuse treatment, 1986–2005* (DHHS Publication No. SMA 10-4612). Rockville, MD: Center for Mental Health Services and Center for Substance Abuse Treatment, SAMHSA.

Table 71. Mental health expenditures and all health expenditures, by type of provider, United States, 1986 and 2005

[Data are based on national expenditures for mental health services]

Type of provider	1986			2005		
	Mental health (millions of dollars)	All health ¹ (millions of dollars)	Mental health share (percent)	Mental health (millions of dollars)	All health ¹ (millions of dollars)	Mental health share (percent)
Total expenditures	\$31,764	\$439,394	7.2	\$112,787	\$1,850,363	6.1
Total all service providers and products	30,222	416,515	7.3	104,403	1,711,708	6.1
Total all service providers	27,860	367,511	7.6	74,429	1,454,255	5.1
All hospitals	13,596	176,548	7.7	30,166	607,495	5.0
General hospitals	5,345	164,295	3.3	16,750	588,752	2.8
General hospital, specialty units ²	3,026	—	—	11,540	—	—
General hospital, nonspecialty care	2,320	—	—	5,210	—	—
Specialty hospitals	8,251	12,253	67.3	13,416	18,743	71.6
All physicians	3,814	99,558	3.8	16,266	422,240	3.9
Psychiatrists	2,755	—	—	11,403	—	—
Nonpsychiatric physicians	1,058	—	—	4,864	—	—
Other professionals ³	1,519	9,736	15.6	5,812	56,015	10.4
Freestanding nursing homes	4,903	33,945	14.4	6,855	120,597	5.7
Freestanding home health	112	6,388	1.8	1,070	48,085	2.2
All other personal and public health	3,916	18,226	21.5	14,259	113,434	12.6
Specialty facilities, nonhospital ⁴	3,916	—	—	14,259	—	—
Retail prescription medication ⁵	2,362	24,289	9.7	29,974	199,699	15.0
Insurance administration ⁶	1,542	22,879	6.7	8,384	138,656	6.0
All specialty providers ⁷	19,467	—	—	56,430	—	—
All nonspecialty providers ⁸	8,393	—	—	17,999	—	—

—Data not available.

¹ For all health, the total includes spending not shown separately for dentists, other nondurable medical products, and durable medical products.

² General hospital specialty units include all spending for mental health care in Veterans Affairs hospitals.

³ Other professionals include paid specialty providers who are not physicians, such as counselors, psychologists, and social workers.

⁴ Specialty facilities, nonhospital include organizations providing outpatient and/or residential services or a combination of services to individuals with mental illness or substance use diagnoses.

⁵ Retail prescription medication includes psychotropic medications sold through retail outlets and mail order pharmacies; excluded are sales through hospitals, exclusive-to-patient health maintenance organizations, and nursing home pharmacies.

⁶ Insurance administration includes spending for the cost of running various government health care insurance programs, as well as the administrative costs and profit of private health insurance.

⁷ All specialty providers include community hospital specialty units, specialty hospitals, psychiatrists, other professionals, and specialty mental health centers.

⁸ All nonspecialty providers include community hospital nonspecialty care, nonpsychiatric physicians, freestanding nursing homes, and freestanding home health.

Table 71 notes *(continued)*

NOTES: National Expenditures for Mental Health Services and Substance Abuse Treatment (Spending Estimates Project [SEP]) presents a broad overview of spending on mental health services and substance abuse treatment. SEP uses data from 15 national sources to produce these estimates.

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Table 72. Percentage distribution of mental health expenditures and all health expenditures, by type of provider, United States, selected years 1986–2005

[Data are based on national expenditures for mental health services]

Type of provider	1986 (percent)	1993 (percent)	2000 (percent)	2003 (percent)	2005 (percent)
Mental health					
Total expenditures	100.0	100.0	100.0	100.0	100.0
Total all service providers and products	95.1	94.3	93.6	92.6	92.6
Total all service providers	87.7	85.8	72.5	66.8	66.0
All hospitals	42.8	38.8	29.6	27.3	26.7
General hospitals	16.8	17.0	15.7	14.9	14.9
General hospital, specialty units ¹	9.5	11.9	11.5	10.8	10.2
General hospital, nonspecialty care	7.3	5.0	4.2	4.1	4.6
Specialty hospitals	26.0	21.8	13.9	12.4	11.9
All physicians	12.0	13.7	14.1	13.7	14.4
Psychiatrists	8.7	9.7	10.2	9.3	10.1
Nonpsychiatric physicians	3.3	4.1	3.9	4.4	4.3
Other professionals ²	4.8	6.4	6.0	5.3	5.2
Freestanding nursing homes	15.4	10.3	6.7	6.2	6.1
Freestanding home health	0.4	0.7	0.8	0.8	0.9
All other personal and public health	12.3	15.8	15.4	13.4	12.6
Specialty facilities, nonhospital ³	12.3	15.8	15.4	13.4	12.6
Retail prescription medication ⁴	7.4	8.5	21.1	25.7	26.6
Insurance administration ⁵	4.9	5.7	6.4	7.4	7.4
All specialty providers ⁶	61.3	65.7	57.0	51.3	50.0
All nonspecialty providers ⁷	26.4	20.1	15.5	15.6	16.0
All health					
Total expenditures ⁸	100.0	100.0	100.0	100.0	100.0
Total all service providers and products	94.8	93.8	93.5	92.5	92.5
Total all service providers	83.6	83.5	80.1	78.4	78.6
All hospitals	40.2	37.2	33.0	32.5	32.8
General hospitals	37.4	35.3	31.7	31.4	31.8
Specialty hospitals	2.8	1.9	1.2	1.1	1.0
All physicians	22.7	23.6	22.8	22.6	22.8
Other professionals ²	2.2	2.9	3.1	3.0	3.0
Freestanding nursing homes	7.7	7.7	7.5	6.8	6.5
Freestanding home health	1.5	2.6	2.4	2.3	2.6
All other personal and public health	4.1	5.0	6.4	6.4	6.1
Retail prescription medication ⁴	5.5	6.0	9.5	10.7	10.8
Insurance administration ⁵	5.2	6.2	6.5	7.5	7.5

See notes on page 199.

Table 72 notes

¹ General hospital specialty units include all spending for mental health care in Veterans Affairs hospitals.

² Other professionals include paid specialty providers who are not physicians, such as counselors, psychologists, and social workers.

³ Specialty facilities, nonhospital include organizations providing outpatient and/or residential services or a combination of services to individuals with mental illness or substance use diagnoses.

⁴ Retail prescription medication includes psychotropic medications sold through retail outlets and mail order pharmacies; excluded are sales through hospitals, exclusive-to-patient health maintenance organizations, and nursing home pharmacies.

⁵ Insurance administration includes spending for the cost of running various government health care insurance programs, as well as the administrative costs and profit of private health insurance.

⁶ All specialty providers include community hospital specialty units, specialty hospitals, psychiatrists, other professionals, and specialty mental health centers.

⁷ All nonspecialty providers include community hospital nonspecialty care, nonpsychiatric physicians, freestanding nursing homes, and freestanding home health.

⁸ For all health, the total includes spending not shown separately for dentists, other nondurable medical products, and durable medical products.

NOTES: National Expenditures for Mental Health Services and Substance Abuse Treatment (Spending Estimates Project [SEP]) presents a broad overview of spending on mental health services and substance abuse treatment. SEP uses data from 15 national sources to produce these estimates.

These data include revisions and may differ from previously published data. These data are not adjusted for inflation.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *National expenditures for mental health services and substance abuse treatment, 1986–2005* (DHHS Publication No. SMA 10-4612). Rockville, MD: Center for Mental Health Services and Center for Substance Abuse Treatment, SAMHSA.

Table 73. Mental health expenditures, by payer, United States, selected years 1986–2005

[Data are based on national expenditures for mental health services]

Type of payer	1986 (millions of dollars)	1993 (millions of dollars)	2000 (millions of dollars)	2003 (millions of dollars)	2005 (millions of dollars)
Total expenditures	\$31,764	\$54,249	\$79,295	\$100,302	\$112,787
Private—total	13,471	20,482	31,477	41,046	47,108
Out-of-pocket ¹	5,569	6,916	10,232	12,612	13,802
Private insurance ²	6,308	11,160	19,106	25,964	30,417
Other private ³	1,594	2,406	2,139	2,470	2,890
Public—total	18,293	33,767	47,818	59,255	65,678
Medicare ⁴	2,099	4,812	6,629	7,641	8,630
Medicaid ⁵	5,503	11,535	20,193	27,574	31,115
Other Federal ⁶	1,993	2,752	3,777	5,066	5,673
Other State and local ^{6,7}	8,698	14,670	17,219	18,973	20,261
All Federal ⁸	7,171	14,846	22,156	29,068	32,078
All State ⁹	11,122	18,923	25,662	30,186	33,601

¹ Out-of-pocket expenditures account for direct spending by consumers for health care goods and services, including coinsurance, deductibles, and any amounts not covered by public or private insurance.

² Private insurance accounts for benefits paid by private health insurers, including behavioral health plans, to providers of service or for prescription medication, and for the administrative costs and profits of health plans.

³ Other private includes spending from philanthropic and other nonpatient revenue sources.

⁴ Medicare is the Federal government program that provides health insurance coverage to eligible aged and disabled persons.

⁵ Medicaid is a program jointly funded by Federal and State governments that provides health care coverage to certain classes of people with limited income and resources.

⁶ Children's Health Insurance Program (CHIP) is distributed across Medicaid, other Federal, and other State and local categories, depending on whether CHIP was run through Medicaid or as a separate State program.

⁷ Other State and local accounts for programs funded primarily through State and local mental health and substance abuse agencies. Substance Abuse and Mental Health Services Administration (SAMHSA) block grant expenditures are included in other Federal expenditures. However, these funds are distributed from the Federal government to State and local governments that then distribute them to providers.

⁸ All Federal category includes Federal share of Medicaid.

⁹ All State category includes State and local share of Medicaid.

NOTES: National Expenditures for Mental Health Services and Substance Abuse Treatment (Spending Estimates Project [SEP]) presents a broad overview of spending on mental health services and substance abuse treatment. SEP uses data from 15 national sources to produce these estimates.

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Table 74. Mental health expenditures and all health expenditures, by payer, United States, 1986 and 2005

[Data are based on national expenditures for mental health services]

Type of payer	1986			2005		
	Mental health (millions of dollars)	All health ¹ (millions of dollars)	Mental health share (percent)	Mental health (millions of dollars)	All health ¹ (millions of dollars)	Mental health share (percent)
Total expenditures	\$31,764	\$439,394	7.2	\$112,787	\$1,850,363	6.1
Private—total	13,471	260,862	5.2	47,108	1,007,380	4.7
Out-of-pocket ²	5,569	103,248	5.4	13,802	246,971	5.6
Private insurance ²	6,308	135,865	4.6	30,417	689,997	4.4
Other private ⁴	1,594	21,749	7.3	2,890	70,412	4.1
Public—total	18,293	178,532	10.2	65,678	842,983	7.8
Medicare ⁵	2,099	76,395	2.7	8,630	339,357	2.5
Medicaid ⁶	5,503	45,383	12.1	31,115	311,488	10.0
Other Federal ⁷	1,993	20,809	9.6	5,673	83,593	6.8
Other State and local ^{7,8}	8,698	35,945	24.2	20,261	108,545	18.7
All Federal ⁹	7,171	122,606	5.8	32,078	600,765	5.3
All State ¹⁰	11,122	55,926	19.9	33,601	242,218	13.9

¹ For all health, the total includes spending not shown separately for dentists, other nondurable medical products, and durable medical products.

² Out-of-pocket expenditures account for direct spending by consumers for health care goods and services, including coinsurance, deductibles, and any amounts not covered by public or private insurance.

³ Private insurance accounts for benefits paid by private health insurers, including behavioral health plans, to providers of service or for prescription medication, and for the administrative costs and profits of health plans.

⁴ Other private includes spending from philanthropic and other nonpatient revenue sources.

⁵ Medicare is the Federal government program that provides health insurance coverage to eligible aged and disabled persons.

⁶ Medicaid is a program jointly funded by Federal and State governments that provides health care coverage to certain classes of people with limited income and resources.

⁷ Children's Health Insurance Program (CHIP) is distributed across Medicaid, other Federal, and other State and local categories, depending on whether CHIP was run through Medicaid or as a separate State program.

⁸ Other State and local accounts for programs funded primarily through State and local mental health and substance abuse agencies. Substance Abuse and Mental Health Services Administration (SAMHSA) block grant expenditures are included in other Federal expenditures. However, these funds are distributed from the Federal government to State and local governments that then distribute them to providers.

⁹ All Federal category includes Federal share of Medicaid.

¹⁰ All State category includes State and local share of Medicaid.

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Table 75. Percentage distribution of mental health expenditures and all health expenditures, by payer, United States, selected years 1986–2005

[Data are based on national expenditures for mental health services]

Type of payer	1986 (percent)	1993 (percent)	2000 (percent)	2003 (percent)	2005 (percent)
Mental health					
Total expenditures	100.0	100.0	100.0	100.0	100.0
Private—total	42.4	37.8	39.7	40.9	41.8
Out-of-pocket ¹	17.5	12.7	12.9	12.6	12.2
Private insurance ²	19.9	20.6	24.1	25.9	27.0
Other private ³	5.0	4.4	2.7	2.5	2.6
Public—total	57.6	62.2	60.3	59.1	58.2
Medicare ⁴	6.6	8.9	8.4	7.6	7.7
Medicaid ⁵	17.3	21.3	25.5	27.5	27.6
Other Federal ⁶	6.3	5.1	4.8	5.1	5.0
Other State and local ^{6,7}	27.4	27.0	21.7	18.9	18.0
All Federal ⁸	22.6	27.4	27.9	29.0	28.4
All State ⁹	35.0	34.9	32.4	30.1	29.8
All health					
Total expenditures ¹⁰	100.0	100.0	100.0	100.0	100.0
Private—total	59.4	56.2	55.8	55.0	54.4
Out-of-pocket ¹	23.5	17.0	15.2	13.8	13.3
Private insurance ²	30.9	34.6	36.0	37.2	37.3
Other private ³	4.9	4.6	4.6	4.0	3.8
Public—total	40.6	43.8	44.2	45.0	45.6
Medicare ⁴	17.4	17.6	17.7	17.4	18.3
Medicaid ⁵	10.3	14.3	15.9	16.7	16.8
Other Federal ⁶	4.7	4.1	4.0	4.6	4.5
Other State and local ^{6,7}	8.2	7.7	6.6	6.3	5.9
All Federal ⁸	27.9	30.7	31.0	31.9	32.5
All State ⁹	12.7	13.1	13.2	13.1	13.1

See notes on page 203.

Table 75 notes

¹ Out-of-pocket expenditures account for direct spending by consumers for health care goods and services, including coinsurance, deductibles, and any amounts not covered by public or private insurance.

² Private insurance accounts for benefits paid by private health insurers, including behavioral health plans, to providers of service or for prescription medication, and for the administrative costs and profits of health plans.

³ Other private includes spending from philanthropic and other nonpatient revenue sources.

⁴ Medicare is the Federal government program that provides health insurance coverage to eligible aged and disabled persons.

⁵ Medicaid is a program jointly funded by Federal and State governments that provides health care coverage to certain classes of people with limited income and resources.

⁶ Children's Health Insurance Program (CHIP) is distributed across Medicaid, other Federal, and other State and local categories, depending on whether CHIP was run through Medicaid or as a separate State program.

⁷ Other State and local accounts for programs funded primarily through State and local mental health and substance abuse agencies. Substance Abuse and Mental Health Services Administration (SAMHSA) block grant expenditures are included in other Federal expenditures. However, these funds are distributed from the Federal government to State and local governments that then distribute them to providers.

⁸ All Federal category includes Federal share of Medicaid.

⁹ All State category includes State and local share of Medicaid.

¹⁰ For all health, the total includes spending not shown separately for dentists, other nondurable medical products, and durable medical products.

NOTES: National Expenditures for Mental Health Services and Substance Abuse Treatment (Spending Estimates Project [SEP]) presents a broad overview of spending on mental health services and substance abuse treatment. SEP uses data from 15 national sources to produce these estimates.

These data include revisions and may differ from previously published data. These data are not adjusted for inflation.

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Table 76. Mental health treatment expenditures, by site of service, United States, selected years 1986–2005

[Data are based on national expenditures for mental health services]

Site of service	1986 (millions of dollars)	1993 (millions of dollars)	2000 (millions of dollars)	2003 (millions of dollars)	2005 (millions of dollars)
All service providers	\$27,860	\$46,531	\$57,528	\$67,045	\$74,429
Inpatient	13,314	18,998	18,915	20,887	21,653
Outpatient	7,559	17,042	26,271	31,865	37,195
Residential	6,988	10,492	12,341	14,294	15,581

NOTES: National Expenditures for Mental Health Services and Substance Abuse Treatment (Spending Estimates Project [SEP]) presents a broad overview of spending on mental health services and substance abuse treatment. SEP uses data from 15 national sources to produce these estimates.

These data are not adjusted for inflation.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *National expenditures for mental health services and substance abuse treatment, 1986–2005* (DHHS Publication No. SMA 10-4612). Rockville, MD: Center for Mental Health Services and Center for Substance Abuse Treatment, SAMHSA.

Table 77. Percentage distribution of mental health treatment expenditures, by site of service, United States, selected years 1986–2005

[Data are based on national expenditures for mental health services]

Site of service	1986 (percent)	1993 (percent)	2000 (percent)	2003 (percent)	2005 (percent)
All service providers	100.0	100.0	100.0	100.0	100.0
Inpatient	47.8	40.8	32.9	31.2	29.1
Outpatient	27.1	36.6	45.7	47.5	50.0
Residential	25.1	22.5	21.5	21.3	20.9

NOTES: National Expenditures for Mental Health Services and Substance Abuse Treatment (Spending Estimates Project [SEP]) presents a broad overview of spending on mental health services and substance abuse treatment. SEP uses data from 15 national sources to produce these estimates.

These data are not adjusted for inflation.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *National expenditures for mental health services and substance abuse treatment, 1986–2005* (DHHS Publication No. SMA 10-4612). Rockville, MD: Center for Mental Health Services and Center for Substance Abuse Treatment, SAMHSA.

7. TABLES

7.3 Payers and Payment Mechanisms: Tables

7.3.1 *Mental Health Expenditures: Overview*

7.3.2 *Revenues and Expenditures by Public Funding Source*

Medicaid

Tables 78–81

Medicare

Veterans Mental Health

State Mental Health Agencies

7.3.3 *Private Employer-Sponsored Mental Health Benefits*

7.3.4 *Mental Health Prescription Medication Use*

Table 78. Medicaid fee-for-service (FFS) mental health (MH) and substance abuse (SA) beneficiaries and expenditures, by selected characteristics, 13 States, 2003

[Data are based on Medicaid claims from 13 States]

Characteristic	FFS MH beneficiaries ¹				FFS SA beneficiaries ¹				FFS expenditures (millions of dollars) ³	
	Number	Percentage of all FFS beneficiaries	Average number of months ² in FFS	Average number of months receiving an MH service	Number	Percentage of all FFS beneficiaries	Average number of months ² in FFS	Average number of months receiving an SA service	MH beneficiaries	SA beneficiaries
All	1,292,854	11	10.5	4.3	87,336	1	9.8	3.0	\$13,720	\$812
Age										
0–5	80,673	3	10.1	3.0	1,223	0	8.4	1.9	534	19
6–12	294,139	13	10.6	4.3	539	0	10.8	2.8	1,389	4
13–18	226,422	15	10.5	4.5	15,444	1	9.8	3.0	1,830	97
19–21	41,270	8	9.7	3.2	5,110	1	8.7	2.5	388	27
22–44	329,204	15	10.2	4.1	42,424	2	9.5	3.0	3,599	343
45–64	206,563	21	11.0	5.2	18,891	2	10.6	3.1	3,485	262
65 or older	114,582	8	11.0	4.4	3,705	0	11.0	3.2	2,496	60
Unknown	*	*	*	*	*	*	*	*	*	*
Sex										
Female	708,103	10	10.5	4.1	44,856	1	9.7	2.9	7,497	384
Male	584,625	12	10.6	4.6	42,475	1	9.9	3.0	6,223	429
Unknown	126	6	8.3	3.3	*	*	*	*	1	*
Race/ethnicity										
White	783,057	15	10.5	4.5	48,268	1	9.6	3.2	8,825	440
Black	310,275	9	10.7	4.2	28,202	1	10.2	2.8	3,144	284
Hispanic	129,516	6	10.3	3.7	6,328	0	9.5	2.3	984	46
American Indian/ Alaska Native	11,192	12	10.7	4.3	1,795	2	9.9	2.7	113	15
Asian/Hawaiian/ Pacific Islander	7,512	5	10.6	4.5	212	0	9.6	2.6	82	2
Other/unknown	51,302	12	10.9	4.6	2,531	1	10.0	2.9	573	26

(continued)

Table 78. Medicaid fee-for-service (FFS) mental health (MH) and substance abuse (SA) beneficiaries and expenditures, by selected characteristics, 13 States, 2003 *(continued)*

Characteristic	FFS MH beneficiaries ¹				FFS SA beneficiaries ¹				FFS expenditures (millions of dollars) ³	
	Number	Percentage of all FFS beneficiaries	Average number of months ² in FFS	Average number of months receiving an MH service	Number	Percentage of all FFS beneficiaries	Average number of months ² in FFS	Average number of months receiving an SA service	MH beneficiaries	SA beneficiaries
Medicaid and Medicare dual eligibility status										
Aged duals with full Medicaid	103,073	9	11.0	4.5	3,215	0	11.0	3.4	\$2,324	\$54
Disabled duals with full Medicaid	153,553	29	11.3	5.9	9,101	2	11.1	3.4	2,716	86
Duals with limited Medicaid	24,440	6	10.9	3.7	1,321	0	10.7	2.0	124	6
Other duals	4,914	28	9.9	4.5	385	2	9.6	3.7	42	3
Disabled nonduals	290,115	29	11.1	5.4	20,860	2	10.8	3.1	4,833	340
All other nonduals	716,759	8	10.1	3.5	52,454	1	9.1	2.8	3,681	324
Eligibility group⁴										
Aged	101,319	7	11.0	4.3	3,120	0	10.9	3.2	2,206	51
Disabled	473,203	27	11.2	5.5	31,527	2	10.9	3.2	7,878	437
Adults (nondisabled)	193,563	9	9.3	2.5	34,804	2	8.9	2.8	956	208
Children (nondisabled)	524,769	8	10.4	3.9	17,885	0	9.5	2.9	2,681	116
Unknown	*	*	*	*	*	*	*	*	*	*

See notes on page 208.

Table 78 notes

*Estimates are considered unreliable.

¹ Fee-for-service (FFS) beneficiaries include beneficiaries enrolled in Medicaid, but not in comprehensive managed care or a behavioral health managed care plan, for at least 1 month during the year. FFS mental health (MH) beneficiaries include FFS beneficiaries who, during the year, (1) had at least one claim on which an MH disorder was the primary diagnosis or (2) received a clearly identifiable MH service. FFS substance abuse (SA) beneficiaries include FFS beneficiaries who, during the year, had at least one claim on which a substance use disorder was the primary diagnosis. If beneficiaries had at least one claim on which an MH disorder was the primary diagnosis and at least one claim on which a substance use disorder was the primary diagnosis, they are included in the category that represents the diagnosis most frequently listed during the year.

² Months receiving an MH service are those in which the beneficiary had at least one nonprescription medication claim on which the primary diagnosis was an MH disorder or in which the beneficiary received a clearly identifiable MH service. Months receiving an SA service are those in which the beneficiary had at least one nonprescription medication claim on which the primary diagnosis was a substance use disorder.

³ Expenditures are claims-based Medicaid payments, including both Federal and State shares. Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

⁴ Eligibility groups are mutually exclusive. All individuals aged 65 or older are in the aged group; all remaining individuals who qualify for Medicaid due to disability are in the disabled group; remaining individuals are categorized as adults or children according to their classification in State enrollment files. Children who qualify for Medicaid through receipt of Supplemental Security Income payments are included in the disabled category.

NOTES: This study identified Medicaid beneficiaries using MH or SA services in FFS plans in 13 States in 2003 ($n = 1,380,190$) and examined their use of medical services.

The States included in this table are Arkansas, Georgia, Idaho, Illinois, Indiana, Kansas, Maine, Montana, North Carolina, South Carolina, Texas, Vermont, and Wyoming. Table originally published in Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental Health, United States, 2008* (DHHS Publication No. SMA 10-4590). Rockville, MD: Center for Mental Health Services, SAMHSA. The study analyzed Medicaid Analytic eXtract (MAX) files of all 50 States and the District of Columbia for the year 2003. This table displays data for 13 States that were selected after examining the completeness and quality of their MAX data. "Data completeness" refers to the extent to which FFS data were available (States with a greater proportion of beneficiaries in FFS are considered to have more complete data than States with a greater proportion of beneficiaries in managed care). "Data quality" refers to technical problems, such as missing diagnosis codes, missing eligibility data, duplicate records, and missing claims. Each State's data were assigned a score from 1 to 4; scores were developed specifically for purposes of the analysis presented in *Mental Health and Substance Abuse Services in Medicaid, 2003: Charts and State Tables*, strictly to assist readers in understanding how to interpret the data presented, and were not intended to reflect the quality of the States' overall MAX data.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental health and substance abuse services in Medicaid, 2003: Charts and state tables* (DHHS Publication No. SMA 10-4608). Rockville, MD: Center for Mental Health Services, SAMHSA.

Table 79. Medicaid fee-for-service (FFS) mental health and substance abuse beneficiaries, by diagnostic category and age group in 13 States, 2003

[Data are based on Medicaid claims from 13 States]

Diagnostic category	All ages		Aged 21 or younger		Aged 22 to 64		Aged 65 or older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Mental health¹								
Schizophrenia	116,116	9.0	3,636	0.6	97,050	18.1	15,430	13.5
Major depression and affective psychoses	254,669	19.7	55,423	8.6	170,967	31.9	28,279	24.7
Other psychoses	38,199	3.0	3,648	0.6	17,649	3.3	16,902	14.8
Childhood psychoses	20,965	1.6	17,241	2.7	3,414	0.6	310	0.3
Neurotic and other depressive disorders	280,681	21.7	84,048	13.1	160,043	29.9	36,590	31.9
Personality disorders	6,953	0.5	1,515	0.2	4,679	0.9	759	0.7
Special symptoms or syndromes	42,436	3.3	21,402	3.3	16,954	3.2	4,080	3.6
Stress and adjustment reactions	158,617	12.3	113,030	17.6	39,488	7.4	6,099	5.3
Conduct disorders	57,902	4.5	48,831	7.6	7,997	1.5	1,074	0.9
Emotional disturbances	57,894	4.5	57,383	8.9	447	0.1	64	0.1
Hyperkinetic syndrome	234,093	18.1	229,542	35.7	4,477	0.8	74	0.1
Mental disorders associated with childbirth	7,799	0.6	2,686	0.4	5,111	1.0	*	*
Other mental disorders	16,311	1.3	4,090	0.6	7,475	1.4	4,746	4.1
No diagnosis	218	0.0	29	0.0	16	0.0	173	0.2
Total	1,292,853	100.0	642,504	100.0	535,767	100.0	114,582	100.0
Substance abuse²								
Alcohol-induced mental disorders	3,672	4.2	178	0.8	2,475	4.0	1,019	27.5
Alcohol dependence or nondependent abuse	29,939	34.3	4,080	18.3	24,087	39.3	1,772	47.8
Drug psychoses	4,830	5.5	743	3.3	3,534	5.8	553	14.9
Drug dependence or nondependent abuse	45,847	52.5	15,647	70.1	29,842	48.7	358	9.7
Substance abuse associated with childbirth	3,048	3.5	1,668	7.5	1,377	2.2	*	*
Total	87,336	100.0	22,316	100.0	61,315	100.0	3,705	100.0

See notes on page 210.

Table 79 notes

*Estimates are considered unreliable.

¹ Schizophrenia (ICD-9-CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders. Major depression and affective psychoses (ICD-9-CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders. Other psychoses (ICD-9-CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses. Childhood psychoses (ICD-9-CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia. Neurotic and other depressive disorders (ICD-9-CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders. Personality disorders (ICD-9-CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders. Other mental disorders (ICD-9-CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage. Special symptoms or syndromes (ICD-9-CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis. Stress and adjustment reactions (ICD-9-CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress, depressive reaction, separation disorders, and conduct disturbance. Conduct disorders (ICD-9-CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders. Emotional disturbances (ICD-9-CM diagnosis codes beginning with 313) includes overanxious disorder; shyness; relationship problems; and other mixed emotional disturbances of childhood or adolescence, such as oppositional disorder. Hyperkinetic syndrome (ICD-9-CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay. Mental disorders associated with childbirth (ICD-9-CM diagnosis codes 648.40 through 648.44) includes mental disorders of the mother associated with pregnancy, delivery, and postpartum periods.

² Alcohol-induced mental disorders includes conditions with ICD-9-CM diagnosis codes beginning with 291. Alcohol dependence or nondependent abuse (ICD-9-CM diagnosis codes beginning with 303 and 305.0) includes alcohol dependence syndrome, acute alcoholic intoxication, and nondependent alcohol abuse. Drug psychoses (ICD-9-CM diagnosis codes beginning with 292) includes drug-induced mental disorders and drug withdrawal. Drug dependence or nondependence abuse (ICD-9-CM diagnosis codes beginning with 304, 305.2–305.9, and 965.0) includes all drug dependence and nondependent abuse, except for those relating to alcohol or nicotine, and poisoning by opiates and related narcotics. Substance abuse associated with childbirth (ICD-9-CM diagnosis codes 648.3, 760.71, and 779.5) includes drug dependence complicating pregnancy, childbirth, or the puerperium; fetal alcohol syndrome or alcohol withdrawal in a newborn; and drug withdrawal syndrome in a newborn.

NOTES: This study identified Medicaid beneficiaries using mental health (MH) or substance abuse (SA) services in fee-for-service (FFS) plans in 13 States in 2003 ($n = 1,380,190$) and examined their use of medical services.

FFS beneficiaries include beneficiaries enrolled in Medicaid, but not in comprehensive managed care or a behavioral health managed care plan, for at least 1 month during the year. FFS MH beneficiaries include FFS beneficiaries who, during the year, had at least one claim on which one of the MH or SA disorders shown in the table was the primary diagnosis or who received a clearly identifiable MH or SA service. FFS SA beneficiaries include all FFS beneficiaries who, during the year, had at least one claim on which one of the substance use disorders shown in this table was the primary diagnosis. The specific diagnoses and services used to define these beneficiaries are listed in SAMHSA (2010). If beneficiaries had multiple diagnoses on different claims during the year, they are included in the category that represents the most frequent diagnosis.

The States included in this table are Arkansas, Georgia, Idaho, Illinois, Indiana, Kansas, Maine, Montana, North Carolina, South Carolina, Texas, Vermont, and Wyoming. Table originally published in Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental Health, United States, 2008* (DHHS Publication No. SMA 10-4590). Rockville, MD: Center for Mental Health Services, SAMHSA.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental health and substance abuse services in Medicaid, 2003: Charts and state tables* (DHHS Publication No. SMA 10-4608). Rockville, MD: Center for Mental Health Services, SAMHSA.

Table 80. Prescription medication use for Medicaid fee-for-service (FFS) beneficiaries in 13 States, 2003

[Data are based on Medicaid claims from 13 States]

Age group	Total FFS beneficiaries ¹ with any psychotropic ² medication use		FFS mental health (MH) beneficiaries with any psychotropic medication use		FFS substance abuse (SA) beneficiaries with any psychotropic medication use		FFS non-MH/non-SA beneficiaries with any psychotropic medication use	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0–5	95,506	3.4	19,986	24.8	60	4.9	75,460	2.7
6–12	277,173	12.4	193,350	65.7	160	29.7	83,663	4.3
13–18	205,765	13.5	141,065	62.3	3,963	25.7	60,737	4.7
19–21	55,017	11.1	27,098	65.7	1,502	29.4	26,417	5.9
22–44	526,965	23.3	262,080	79.6	21,243	50.1	243,642	12.9
45–64	399,802	41.0	174,611	84.5	11,198	59.3	213,993	28.6
65 or older ³	441,565	29.9	92,456	80.7	2,154	58.1	346,955	25.6
All ages	2,001,793	16.9	910,646	70.4	40,280	46.1	1,050,867	10.1

¹ Fee-for-service (FFS) beneficiaries include beneficiaries enrolled in Medicaid, but not in comprehensive managed care or a behavioral health managed care plan, for at least 1 month during the year. FFS mental health (MH) beneficiaries include FFS beneficiaries who, during the year, (1) had at least one claim on which an MH disorder was the primary diagnosis or (2) received a clearly identifiable MH service. FFS substance abuse (SA) beneficiaries include FFS beneficiaries who, during the year, had at least one claim on which a substance use disorder was the primary diagnosis. If beneficiaries had at least one claim on which an MH disorder was the primary diagnosis and at least one claim on which a substance use disorder was the primary diagnosis, they are included in the category that represents the diagnosis most frequently listed during the year.

² Psychotropic drugs include antidepressants, antipsychotics, antianxiety agents, and stimulants.

³ Beneficiaries dually eligible for Medicaid and Medicare may have received MH treatment under Medicare that is not reported in Medicaid coinsurance claims, so diagnoses that would classify them as MH beneficiaries may be missing.

NOTES: This study identified Medicaid beneficiaries using MH or SA services in FFS plans in 13 States in 2003 ($n = 1,380,190$) and examined their use of medical services.

The States included in this table are Arkansas, Georgia, Idaho, Illinois, Indiana, Kansas, Maine, Montana, North Carolina, South Carolina, Texas, Vermont, and Wyoming. Table originally published in Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental Health, United States, 2008* (DHHS Publication No. SMA 10-4590). Rockville, MD: Center for Mental Health Services, SAMHSA.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental health and substance abuse services in Medicaid, 2003: Charts and state tables* (DHHS Publication No. SMA 10-4608). Rockville, MD: Center for Mental Health Services, SAMHSA.

Table 81. Utilization and expenditures, by service type for Medicaid fee-for-service (FFS) beneficiaries in 13 States, 2003

[Data are based on Medicaid claims from 13 States]

Service type ¹	All FFS beneficiaries ²		FFS mental health (MH) beneficiaries		FFS substance abuse (SA) beneficiaries		Average annual expenditures ³ (dollars)		
	Number	Percent	Number	Percent	Number	Percent	FFS beneficiaries	FFS MH beneficiaries	FFS SA beneficiaries
Inpatient hospital	1,595,061	13.5	235,921	18.2	29,220	33.5	\$5,015	\$7,156	\$9,268
Institutional long-term care									
Nursing facility	374,040	3.2	94,768	7.3	3,330	3.8	20,385	21,781	17,890
Inpatient psychiatric facility for individuals younger than age 21	21,372	0.2	20,967	1.6	383	0.4	16,824	16,931	9,479
Intermediate care facility for the mentally retarded	38,341	0.3	10,670	0.8	27	0.0	71,378	55,404	66,255
Mental hospital for the aged	6,418	0.1	5,913	0.5	173	0.2	13,139	11,516	6,195
Prescription medication	7,708,085	65.2	1,171,956	90.6	72,467	83.0	1,046	2,339	1,598
Other services									
Physician or other practitioner	7,832,280	66.3	1,134,155	87.7	73,567	84.2	443	581	762
Lab and X-ray	6,033,229	51.1	907,440	70.2	68,159	78.0	264	371	538
Psychiatric services	1,357,677	11.5	823,597	63.7	46,174	52.9	1,040	1,474	1,457
Outpatient hospital	3,942,545	33.4	650,990	50.4	55,827	63.9	509	688	912
Dental	2,828,533	23.9	450,478	34.8	21,136	24.2	318	344	414
Clinic	2,455,735	20.8	441,794	34.2	26,503	30.3	505	1,048	715
Durable medical equipment	2,202,692	18.6	389,390	30.1	27,657	31.7	426	547	380
Transportation services	1,262,649	10.7	297,714	23.0	23,417	26.8	270	413	471
Targeted case management	1,054,170	8.9	204,754	15.8	7,520	8.6	574	1,299	1,004
Rehabilitation services	159,683	1.4	97,611	7.6	17,438	20.0	2,419	2,617	2,591
Physical therapy, occupational therapy, speech, or hearing services	233,369	2.0	61,847	4.8	1,559	1.8	737	734	485
Nurse practitioner services	343,725	2.9	59,746	4.6	3,268	3.7	102	111	122

(continued)

Table 81. Utilization and expenditures, by service type for Medicaid fee-for-service (FFS) beneficiaries in 13 States, 2003
(continued)

Service type ¹	All FFS beneficiaries ²		FFS mental health (MH) beneficiaries		FFS substance abuse (SA) beneficiaries		Average annual expenditures ³ (dollars)		
	Number	Percent	Number	Percent	Number	Percent	FFS beneficiaries	FFS MH beneficiaries	FFS SA beneficiaries
Personal care services	140,979	1.2	36,155	2.8	1,975	2.3	\$4,537	\$4,231	\$3,987
Residential care	57,607	0.5	26,775	2.1	1,633	1.9	23,773	27,834	9,160
Adult day care	60,463	0.5	25,008	1.9	760	0.9	5,183	5,359	3,948
Home health	105,914	0.9	21,739	1.7	1,900	2.2	3,682	3,205	1,855
Sterilizations	61,761	0.5	7,556	0.6	1,040	1.2	1,156	971	1,100
Hospice benefits	32,108	0.3	5,316	0.4	280	0.3	8,551	8,757	7,792
Private duty nursing	17,459	0.1	4,012	0.3	277	0.3	4,549	2,052	654
Nurse midwife services	40,204	0.3	2,527	0.2	505	0.6	459	362	336
Abortions	7,097	0.1	689	0.1	71	0.1	417	360	300
Religious nonmedical health care institutions	*	*	*	*	*	*	*	*	*
Other services	1,121,163	9.5	269,586	20.9	15,822	18.1	2,947	3,879	1,695

*Estimates are considered unreliable.

¹ Fee-for-service (FFS) beneficiaries include beneficiaries enrolled in Medicaid, but not in comprehensive managed care or a behavioral health managed care plan, for at least 1 month during the year. FFS mental health (MH) beneficiaries include FFS beneficiaries who, during the year, (1) had at least one claim on which an MH disorder was the primary diagnosis or (2) received a clearly identifiable MH service. FFS substance abuse (SA) beneficiaries include FFS beneficiaries who, during the year, had at least one claim on which a substance use disorder was the primary diagnosis. If beneficiaries had at least one claim on which an MH disorder was the primary diagnosis and at least one claim on which a substance use disorder was the primary diagnosis, they are included in the category that represents the diagnosis most frequently listed during the year.

² Claims in the Medicaid Analytic eXtract (MAX) files are classified into 1 of 31 types of service (TOS) categories based on State and local service or procedure codes. States may vary in how they categorize similar claims into TOS categories. The psychiatric TOS includes both MH and SA services. In some cases, treatments classified in the psychiatric TOS in the MAX may be received by beneficiaries who are not identified as MH or SA beneficiaries in these tables.

³ Expenditures are claims-based Medicaid payments, including both Federal and State share.

Table 81 notes (continued)

NOTES: This study identified Medicaid beneficiaries using MH or SA services in FFS plans in 13 States in 2003 ($n = 1,380,190$) and examined their use of medical services.

The States included in this table are Arkansas, Georgia, Idaho, Illinois, Indiana, Kansas, Maine, Montana, North Carolina, South Carolina, Texas, Vermont, and Wyoming. Table originally published in Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental Health, United States, 2008* (DHHS Publication No. SMA 10-4590). Rockville, MD: Center for Mental Health Services, SAMHSA. Services are rank ordered within groups by MH utilization as a percentage of all FFS MH beneficiaries.

SOURCE: Substance Abuse and Mental Health Services Administration. (2010). *Mental health and substance abuse services in Medicaid, 2003: Charts and state tables* (DHHS Publication No. SMA 10-4608). Rockville, MD: Center for Mental Health Services, SAMHSA.

7. TABLES

7.3 Payers and Payment Mechanisms: Tables

7.3.1 Mental Health Expenditures: Overview

7.3.2 Revenues and Expenditures by Public Funding Source

Medicaid

Medicare

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Veterans Mental Health

State Mental Health Agencies

7.3.3 Private Employer-Sponsored Mental Health Benefits

7.3.4 Mental Health Prescription Medication Use

Table 82. Percentage distribution of and expenditures for Medicare fee-for-service (FFS) claimants, by demographic characteristics: all health and mental health, 2007

[Data are from national Medicare claims]

Characteristic	All claimants		Mental health claimants ¹	
	Claimants (<i>N</i> = 34,600,780)	Expenditures (\$288,024,000)	Claimants (<i>N</i> = 4,500,900)	Expenditures (\$76,591,000)
Percent distribution by age				
0–64	20.0	19.0	39.0	27.0
65+	80.0	81.0	61.0	73.0
Percent distribution by sex				
Male	43.0	44.0	37.0	40.0
Female	57.0	56.0	63.0	60.0
Percent distribution by race/ethnicity				
White	85.0	82.0	84.0	81.0
Black	10.0	13.0	11.0	13.0
Hispanic	2.0	3.0	3.0	3.0
Other	1.0	1.0	1.0	1.0

¹ Mental health claimants are defined by having at least one of the following ICD-9-CM diagnosis codes as a primary diagnosis on at least one Medicare claim during 2007: 293–302, 306–314, and 316.

NOTES: The Medicare Standard Analytical Files (SAF) is a nationally representative claims database that consists of a randomly selected 5 percent sample of U.S. Medicare beneficiaries. The database includes claims across various care settings, including inpatient, outpatient, skilled nursing, home health, and hospice, as well as for durable medical equipment. Estimates do not include expenditures on prescription medications.

Data include all 50 U.S. States, U.S. territories, and foreign/unknown.

SOURCE: Medicare 5 Percent Standard Analytical Files, 2007, Centers for Medicare & Medicaid Services.

Table 83. Percentage distribution of and expenditures for Medicare fee-for-service (FFS) mental health (MH) claimants, by treatment modality, 1998 and 2007

[Data are from national Medicare claims]

Treatment modality	1998				2007			
	FFS MH claimants for MH services (<i>N</i> = 3,486,000) (percent share) ¹	FFS MH claimants for any health services (<i>N</i> = 3,486,000) (percent share)	Expenditures for MH services (\$4,887,000) (percent share) ¹	Expenditures for all health services (\$39,348,000) (percent share) ¹	FFS MH claimants for MH services (<i>N</i> = 4,500,900) (percent share) ¹	FFS MH claimants for any health services (<i>N</i> = 4,500,900) (percent share)	Expenditures for MH services (\$6,764,000) (percent share) ¹	Expenditures for all health services (\$76,591,000) (percent share) ¹
Inpatient	9.3	40.4	57.3	53.5	7.2	39.4	50.1	45.9
Outpatient	24.8	81.4	14.2	9.2	24.0	82.2	13.7	10.3
Physician/supplier	90.4	99.0	20.0	19.6	90.7	99.2	20.3	20.6
Home health agency/ hospice/skilled nursing facility	3.4	26.0	8.5	17.7	2.9	28.4	15.9	23.2

¹ Mental health claimants are defined by having at least one of the following ICD-9-CM diagnosis codes as a primary diagnosis on at least one Medicare claim during 2004: 293–302, 306–314, and 316. The number of mental health claimants is the unique number of patients who had a mental health claim in each calendar year. The sum of claimants across settings is greater than this number because a patient could have claims in more than one setting.

NOTES: The Medicare Standard Analytical Files (SAF) is a nationally representative claims database that consists of a randomly selected 5 percent sample of U.S. Medicare beneficiaries. The database includes claims across various care settings, including inpatient, outpatient, skilled nursing, home health, and hospice, as well as for durable medical equipment. Estimates do not include expenditures on prescription medications.

Data include all 50 U.S. States, U.S. territories, and foreign/unknown.

SOURCE: Medicare 5 Percent Standard Analytical Files, 2007, Centers for Medicare & Medicaid Services.

Table 84. Percentage distribution of and expenditures for Medicare fee-for-service (FFS) mental health (MH) claimants, by mutually exclusive diagnostic categories, 1998 and 2007

[Data are from national Medicare claims]

Diagnostic category ¹	1998			2007		
	FFS MH claimants (N = 3,486,000) (percent share)	Expenditures for MH services (\$4,887,000) (percent share)	Expenditures for all health services (\$39,348,000) (percent share)	FFS MH claimants (N = 4,500,900) (percent share)	Expenditures for MH services (\$6,764,000) (percent share)	Expenditures for all health services (\$76,591,000) (percent share)
Schizophrenia	10.8	27.4	6.8	10.0	28.0	6.0
Major depression	17.7	28.7	20.8	19.0	20.0	19.0
Bipolar disorders and manic disorders	5.5	12.5	4.3	9.0	15.0	6.0
Other psychoses	21.7	15.1	29.7	25.0	24.0	36.0
Anxiety disorders and other mood disorders	28.5	10.8	21.9	25.0	10.0	20.0
Stress and adjustment disorders	6.5	2.7	9.2	6.0	2.0	9.0
All other mental disorders	7.9	1.9	6.0	6.0	2.0	4.0

¹ Diagnostic category for each claimant was selected based on the most frequent diagnosis category in the year across all treatment settings.

NOTES: The Medicare Standard Analytical Files (SAF) is a nationally representative claims database that consists of a randomly selected 5 percent sample of U.S. Medicare beneficiaries. The database includes claims across various care settings, including inpatient, outpatient, skilled nursing, home health, and hospice, as well as for durable medical equipment. Estimates do not include expenditures on prescription medications.

ICD-9 diagnostic codes for each of the categories are as follows: schizophrenia (295), major depression (296.2, 296.3), bipolar disorders and manic disorders (296.0, 296.1, 296.4–296.99), other psychoses (293, 294, 297, 298, 299), anxiety disorders and other mood disorders (300, 301.13, 311), stress and adjustment disorders (308, 309), and all other mental disorders (302, 306, 307, 310, 312, 313, 314, 316, 301 w/o 301.13).

Data include all 50 U.S. States, U.S. territories, and foreign/unknown; as a result, the cumulative estimates shown here may differ from national estimates reported in Tables 129 and 130.

SOURCE: Medicare 5 Percent Standard Analytical Files, 2007, Centers for Medicare & Medicaid Services.

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Table 85. Volume and cost of mental health (MH) and substance abuse (SA) services in the Veterans Health Administration, United States, FY 2008 and FY 2009

[Data are based on cost and utilization records from the Veterans Health Administration]

Treatment modality	Mental health FY 2008		Mental health FY 2009		Substance abuse FY 2008		Substance abuse FY 2009		Combined FY 2008		Combined FY 2009	
	Count ¹	Dollars ² (millions)	Count ¹	Dollars ² (millions)	Count ¹	Dollars ² (millions)	Count ¹	Dollars ² (millions)	Count ¹	Dollars ² (millions)	Count ¹	Dollars ² (millions)
Inpatient days	994,669	\$1,121	1,128,036	\$1,360	17,454	\$16	18,580	\$17	1,012,123	\$1,137	1,146,616	\$1,377
Residential days	1,824,377	678	1,775,337	638	515,900	216	519,951	237	2,340,277	894	2,295,288	874
Outpatient visits	8,644,630	—	9,124,644	—	2,043,944	—	2,166,063	—	10,688,574	—	11,290,707	—
Outpatient except pharmacy	—	1,765	—	2,091	—	259	—	276	—	2,024	—	2,368
Outpatient pharmacy ³	—	—	—	—	—	—	—	—	—	1,068	—	1,138

— Data not available.

¹ Volume of services is for specialized mental health (MH) facilities/units only; it excludes any MH care in primary care, for instance.² Expenditures are in nominal dollars.³ Outpatient pharmacy is for all MH and SA users, including those treated outside specialty MH/SA facilities. MH and SA prescriptions are not separated. Inpatient and residential include pharmacy items dispensed through those facilities, such as IV medications or ward stock, but exclude items dispensed directly to the patient. The latter items are covered under outpatient pharmacy.**NOTE:** The Veterans Health Administration (VHA) Decision Support System is a managerial cost accounting system that interacts with Veterans Affairs national databases to provide data elements on VHA costs to VHA products (goods and services provided during patient care).**SOURCE:** Decision Support System, 2010, Department of Veterans Affairs.

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Table 86. Percentage distribution of revenue for State mental health agencies, by source, United States, FY 2001–FY 2008

[Data are based on State mental health revenues and expenditures studies]

Source	FY 2001 (\$23,265,000) (percent)	FY 2002 (\$25,112,000) (percent)	FY 2003 (\$26,694,000) (percent)	FY 2004 (\$27,916,000) (percent)	FY 2005 (\$29,583,000) (percent)	FY 2006 (\$31,231,000) (percent)	FY 2007 (\$34,216,000) (percent)	FY 2008 (\$37,380,000) (percent)
State general funds	52.0	48.7	48.7	46.1	47.0	45.9	42.3	42.9
Medicaid	36.6	38.3	39.1	42.1	42.2	43.3	47.3	45.8
Medicare/block grant/other Federal/local/other	11.4	13.0	12.2	11.8	10.8	10.8	10.3	11.3

NOTE: NRI's Revenues and Expenditures Study describes the major expenditures and funding sources of the State mental health agencies. NRI has conducted this survey every year since 1981.

SOURCE: Revenues and Expenditures Study, 2011, NRI Inc.

Table 87. Percentage distribution of expenditures for State mental health agencies, by source, United States, FY 2001–FY 2008

[Data are based on State mental health revenues and expenditures studies]

Source	FY 2001 (\$23,060,000) (percent)	FY 2002 (\$25,156,000) (percent)	FY 2003 (\$26,411,000) (percent)	FY 2004 (\$27,802,000) (percent)	FY 2005 (\$29,397,000) (percent)	FY 2006 (\$30,978,000) (percent)	FY 2007 (\$33,995,000) (percent)	FY 2008 (\$37,295,000) (percent)
State psychiatric hospital— inpatient	31.6	30.4	28.6	27.5	27.5	27.6	26.4	25.7
Community mental health	65.8	67.1	68.9	70.1	69.9	70.1	71.4	71.5
State mental health agency central office ¹	2.6	2.5	2.4	2.4	2.2	2.3	2.2	2.2

¹ Central office includes administration, research, training, prevention, and other central and regional office expenditures.**NOTE:** NRI's Revenues and Expenditures Study describes the major expenditures and funding sources of the State mental health agencies. NRI has conducted this survey every year since 1981.**SOURCE:** Revenues and Expenditures Study, 2011, NRI Inc.

Table 88. Number of State mental health agencies reporting cuts to budgets for adult, child, and forensic mental health programs, FY 2010 and FY 2011

[Data are based on reports from State mental health agencies]

Type of program	State made cuts in FY 2010 (number)	State anticipates making cuts in FY 2011 (number)
Adult programs		
State inpatient: acute care	19	17
State inpatient: long-term care	20	15
Other inpatient	9	8
Clinic services	12	12
Day services	9	8
Targeted case management	4	8
Housing	8	8
Employment	5	8
Prescriptions	6	5
Crisis services	4	7
Workforce development/training	13	13
Self-help/peer supports	6	6
Evidence-based practices	8	4
Other	9	6
Child programs		
State inpatient: acute care	11	5
Other inpatient	4	3
Clinic services	7	7
Day services	4	6
Targeted case management	3	5
Housing	4	3
Crisis services	0	0
Managed care waiver(s)	1	1
Workforce development/training	4	6
Prescriptions	1	2
Other	7	4
Forensic programs		
Forensic (nonsexually violent persons) inpatient	6	6
Sexually violent persons inpatient	4	4
Outreach to jails and prisons	4	5
Other	0	1

NOTES: The State Mental Health Agency (SMHA) Budget Reductions Survey is conducted by the National Association of State Mental Health Program Directors and NRI Inc. The survey is a semiannual series on the impact of State budget shortages on SMHA systems. The above estimates are from the summer 2010 survey.

This table includes data from reports from 42 States and the District of Columbia.

SOURCE: State Mental Health Agency Budget Reductions Survey, 2010, NRI Inc.

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Table 89. Proportion of private sector health plans with separate benefit limits for mental health care, United States, selected years 1997–2005

[Data are based on a survey of employers]

Coverage limitation	Private industry				Prepaid plans in private industry				Indemnity plans in private industry			
	1997 (percent)	2000 (percent)	2002 (percent)	2005 (percent)	1997 (percent)	2000 (percent)	2002 (percent)	2005 (percent)	1997 (percent)	2000 (percent)	2002 (percent)	2005 (percent)
Inpatient care												
Total with mental health care benefits	100	100	100	—	100	100	100	100	100	100	100	100
No separate limits ¹	14	15	15	—	10	15	16	23	16	15	14	18
Subject to separate limits ²	86	85	85	—	90	85	84	77	84	85	86	82
Days ³	61	76	77	—	84	77	77	68	50	75	77	74
Maximum dollar ⁴	41	10	7	—	12	7	4	4	55	11	9	8
Coinsurance ⁵	13	13	11	—	10	10	8	4	15	15	13	9
Co-payment ⁶	7	3	12	—	16	5	14	24	3	2	10	8
Other ⁷	1	4	4	—	1	2	3	1	2	5	5	3
Outpatient care⁸												
Total with mental health care benefits	100	100	100	—	100	100	100	100	100	100	100	100
No separate limits ¹	4	7	10	—	3	9	7	10	4	7	12	10
Subject to separate limits ²	96	93	90	—	97	91	93	90	96	93	88	90
Visits ⁹	53	72	75	—	83	77	84	78	38	70	70	74
Maximum dollar ⁴	55	15	7	—	19	8	4	3	74	19	9	9
Coinsurance ⁵	36	20	18	—	13	6	10	5	47	28	22	18
Co-payment ⁶	30	30	29	—	61	44	44	54	14	20	21	24
Other ⁷	2	16	9	—	1	8	7	1	2	22	11	7

See notes on page 227.

Table 89 notes

— Data not available.

¹ Plans that provide coverage without any separate limits may include plans that provide coverage subject to only the major medical limits of the plans.

² Separate limitations indicate that mental health care benefits are more restrictive than benefits for other treatments. For example, if a plan limits inpatient mental health care to 30 days per year, but the limit on inpatient care for any other type of illness is more than 30 days per year, the plan contains separate limits. The total is less than the sum of the individual items because many plans had more than one type of limitation.

³ Days is the maximum number of inpatient days covered by a plan in a policy year.

⁴ Maximum dollar is the highest amount of spending authorized and paid for by the medical plan.

⁵ Coinsurance is the percentage of authorized expenses paid by the medical plan. For example, the plan may have a coinsurance rate of 80 percent. In this case, the plan pays 80 percent of covered medical expenses, and the participant (employee) pays the remaining 20 percent. In some plans, the coinsurance rate is lower for outpatient mental health care than for other services.

⁶ Co-payment is the out-of-pocket expense paid by the participant at the time of service.

⁷ Separate limits mean that patient contributions are structured differently for mental health and other health care. For example, outpatient mental health care may have a 50 percent coinsurance payment, whereas outpatient care for other illnesses has a \$10 co-payment.

⁸ Outpatient care includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, the location offering the most beneficial coverage was tabulated.

⁹ Visits is the maximum number of visits covered by a plan in a policy year.

NOTES: The Bureau of Labor Statistics' National Compensation Survey provides comprehensive measures of occupational wages, employment cost trends, benefit incidence, and detailed plan provisions from more than 361 metropolitan statistical areas and 573 micropolitan statistical areas in the United States, as defined by the Office of Management and Budget. The 1997 Employee Benefits Survey reports on benefits provided to employees in establishments with 100 or more workers in all private nonfarm industries. The survey included a national sample of 1,945 U.S. employers with more than 100 workers. Because smaller employers generally offer less generous health benefits packages, the estimates likely represent the upper limits on rates of mental health coverage by employer-based health insurance in the United States. Between 1979 and 1986, the survey provided benefits data on full-time employees in medium and large establishments, those with either 100 or 250 employees or more, depending on the industry; coverage in the service industries was limited.

Sum of individual items is greater than total because some of the participants were in plans with more than one type of limit.

SOURCES: Morton, J. D., & Aleman, P. (April 2005). Trends in employer-provided mental health and substance abuse benefits. *Monthly Labor Review*, 25–35.

Employee Benefits Survey, 1997, Bureau of Labor Statistics.

National Compensation Survey, 2000, 2002, 2005, Bureau of Labor Statistics.

Table 90. Private health plan coverage of mental health (MH) and/or substance abuse (SA) services, by plan-vendor contracting arrangement, United States, 2003

[Data are based on a survey of private health plans]

Service covered	Total (<i>N</i> = 7,469) (percent) ¹	Vendor provides MH/SA services only (MBHO) ² (<i>N</i> = 5,405) (percent)	Vendor provides both MH/SA and general medical services ³ (<i>N</i> = 920) (percent)	Plan (not vendor) provides or manages MH/SA services directly ⁴ (<i>N</i> = 1,143) (percent)
Mental health services				
Inpatient hospital care	100.0	100.0	100.0	100.0
Residential treatment	80.4	88.9	76.9	41.7
Intensive outpatient treatment	98.5	99.2	96.3	96.1
Outpatient visits	100.0	100.0	100.0	100.0
Substance abuse services				
Inpatient or residential detoxification	99.5	100.0	95.1	100.0
Inpatient hospital	97.7	97.4	99.6	98.0
Residential rehabilitation	86.0	93.9	76.9	52.4
Intensive outpatient treatment	98.0	98.7	93.6	97.3
Outpatient detoxification	95.1	96.5	92.4	89.6
Outpatient methadone maintenance	64.8	68.2	84.1	35.8
Outpatient rehabilitation	97.7	98.2	95.8	96.5

¹ Percentages are based on nonmissing responses.² The plan contracts with a vendor that provides mental health/substance abuse (MH/SA) care; that type of vendor is often known as a managed behavioral health organization (MBHO). General medical care is provided either by the plan or another vendor.³ The plan contracts with one vendor that provides both general medical and behavioral health care.⁴ Plan (not vendor) provides or manages MH/SA directly. The plan employs providers or manages the provider network itself.

Table 90 notes (continued)

NOTES: The Brandeis Health Plan Survey on Alcohol, Drug Abuse, and Mental Health Services is a nationally representative survey that tracks trends in how alcohol, drug abuse, and MH services are provided for the more than 200 million privately insured individuals in 1999 ($n = 434$, 92 percent response) and 2003 ($n = 368$, 83 percent response).

In this table, the unit of analysis is an insurance product, not an employer or person. The Brandeis Health Plan Survey defined insurance products as market-specific health plan offerings that differ in out-of-network coverage, referrals, or primary care physicians. For example, if Health Plan X offers a health maintenance organization (HMO) in two market areas, those are two products; and if Plan X also offers a preferred provider organization (PPO) in each market, those are two more products. Only commercial managed care products were included in the survey (unweighted $n = 808$ products).

SOURCES: Brandeis Health Plan Survey on Alcohol, Drug Abuse, and Mental Health Services, 2003, Brandeis University.

Horgan, C. M., Garnick, D. W., Merrick, E. L., & Hodgkin, D. (2009). Changes in how health plans provide behavioral health services. *The Journal of Behavioral Health Services & Research*, 36(1), 11–24. Table 2 adapted with kind permission from Springer Science+Business Media B.V.

Table 91. Prior authorization requirements among private health plans for mental health (MH) and/or substance abuse (SA) services, United States, 2003

[Data are based on a survey of private health plans]

Prior authorization requirement ¹	Total products ² (number)	Total products (percent) ³	Vendor provides MH/SA services only (MBHO) ⁴ (percent)	Vendor provides both MH/SA and general medical services ⁵ (percent)	Plan (not vendor) provides or manages MH/SA services directly ⁶ (percent)
Mental health services					
Inpatient hospital care	7,103	92.3	96.4	82.7	77.7
Residential treatment	3,778	88.2	99.5	30.4	73.2
Intensive outpatient treatment	6,921	89.3	96.8	43.3	78.1
Outpatient counseling	7,156	58.1	62.8	14.7	62.6
Substance abuse services					
Inpatient or residential detoxification	7,124	95.2	99.8	86.6	77.6
Inpatient or residential rehabilitation	6,744	94.7	99.9	84.0	70.6
Intensive outpatient treatment	6,777	90.9	98.0	40.8	85.6
Outpatient detoxification	6,792	55.6	60.8	41.1	37.1
Outpatient methadone maintenance	3,990	79.1	94.0	1.4	57.3
Outpatient rehabilitation	6,932	57.5	62.7	11.8	60.3

¹ Prior authorization means that the health plan or primary care provider must approve certain treatments, procedures, or prescribed medications before they are provided. The data report on prior authorization requirements for initiating outpatient visits for specialty behavioral health care with in-network providers.

² In this table, the unit of analysis is an insurance product, not an employer or person. The Brandeis Health Plan Survey defined insurance products as market-specific health plan offerings that differ in out-of-network coverage, referrals, or primary care physicians. For example, if Health Plan X offers a health maintenance organization (HMO) in two market areas, those are two products; and if Plan X also offers a preferred provider organization (PPO) in each market, those are two more products. Only commercial managed care products were included in the survey (unweighted $n = 808$ products).

³ Percentages are based on nonmissing responses.

⁴ The plan contracts with a vendor that provides MH/SA care; that type of vendor is often known as a managed behavioral health organization (MBHO). General medical care is provided either by the plan or another vendor.

⁵ The plan contracts with one vendor that provides both general medical and behavioral health care.

⁶ The plan employs providers or manages the provider network itself.

NOTE: The Brandeis Health Plan Survey on Alcohol, Drug Abuse, and Mental Health Services is a nationally representative survey that tracks trends in how alcohol, drug abuse, and mental health services are provided for the more than 200 million privately insured individuals in 1999 ($n = 434$; 92 percent response) and 2003 ($n = 368$; 83 percent response).

SOURCES: Brandeis Health Plan Survey on Alcohol, Drug Abuse, and Mental Health Services, 2003, Brandeis University.

Horgan, C. M., Garnick, D. W., Merrick, E. L., & Hodgkin, D. (2009). Changes in how health plans provide behavioral health services. *The Journal of Behavioral Health Services & Research*, 36(1), 11–24. Table 3 adapted with kind permission from Springer Science+Business Media B.V.

Table 92. Percentage of employers covering specific mental health services in primary plans, by employer size, United States, 1997 and 2003

[Data are based on a survey of employer-sponsored health plans]

Mental health service	Less than 500 employees		500 or more employees	
	1997 (<i>N</i> = 1,356) (percent)	2003 (<i>N</i> = 772) (percent)	1997 (<i>N</i> = 1,315) (percent)	2003 (<i>N</i> = 1,299) (percent)
Inpatient psychiatric care	94	88	98	98
Nonhospital residential care	52	48	54	40
Intensive outpatient treatment	64	72	71	76
Outpatient psychotherapy	85	80	93	91
Crisis services	49	46	48	32

NOTES: Established in 1986, the Mercer National Survey of Employer-Sponsored Health Plans is an annual survey that collects information on a wide range of health care issues regarding employer health plans, including costs, strategic planning, and the scope and limitations of coverage. Nearly 3,000 employers participated in the 2003 survey.

Data are from the Mercer National Survey of Employer-Sponsored Health Plans in 1997 and 2003. The survey includes only employers that sponsor health insurance. A primary plan represents the employer's single plan with the largest enrollment, regardless of plan type. Small employers with fewer than 10 employees are not included in the survey. Table originally published in Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental Health, United States, 2008* (DHHS Publication No. SMA 10-4590). Rockville, MD: Center for Mental Health Services, SAMHSA.

SOURCE: Teich, J. L., & Buck, J. A. (2007). Mental health benefits in employer-sponsored health plans, 1997–2003. *Journal of Behavioral Health Services Research*, 34(3), 343–348. Table 1 adapted with kind permission from Springer Science+Business Media B.V.

Table 93. Percentage of covered workers with various outpatient and inpatient mental health visit limits, annual maximums/days covered, by plan type, 2000 and 2008

[Data are based on employer-sponsored health benefits]

Mental health coverage limit	Conventional		HMO		PPO		POS		HDHP/SO		All plans	
	2000 (percent)	2008 (percent)	2000 (percent)	2008 (percent)	2000 (percent)	2008 (percent)	2000 (percent)	2008 (percent)	2000 (percent)	2008 (percent)	2000 (percent)	2008 (percent)
Number of annual outpatient mental health visits covered												
20 visits or less	24	—	41	49	27	29	30	38	—	41	29	34
21–30 visits	14	—	29	22	25	30	25	20	—	27	26	27
31–50 visits	13	—	7	10	13	11	8	16	—	14	13	11
More than 50 visits	5	—	3	5	5	11	5	9	—	6	7	9
No limit	25	—	9	15	17	19	18	18	—	12	14	18
Don't know	20	—	11	—	13	—	15	—	—	—	12	—
Number of annual inpatient mental health days covered												
10 days or less	6	—	4	12	5	5	6	8	—	10	5	7
11–20 days	3	—	9	12	8	11	6	17	—	11	7	11
21–30 days	21	—	47	46	38	44	39	35	—	49	38	44
31 or more days	22	—	14	14	14	17	13	21	—	15	18	16
No limit	29	—	11	17	19	24	17	19	—	16	17	22
Don't know	19	—	15	—	16	—	19	—	—	—	15	—

— Data not available.

NOTES: The Henry J. Kaiser Family Foundation and Health Research & Educational Trust Employer Health Benefits Survey is an annual survey of employers that provides a detailed look at trends in employer-sponsored health coverage, including premiums, employee contributions, cost-sharing provisions, and other relevant information. The 2008 survey included 2,832 randomly selected public and private firms with three or more employees, and the 2000 survey included 1,887 randomly selected public and private firms with three or more employees.

HMO = health maintenance organization, PPO = preferred provider organization, POS = point of service, HDHP/SO = high deductible health plan with savings option.

In 2008, 2 percent of covered workers did not have outpatient or inpatient mental health coverage. Given the decline in conventional health plan enrollment and the addition of HDHP/SO as a plan type option, nearly all questions pertaining to conventional coverage were removed from the survey instrument, and thus information for the conventional plan type is not included in 2008. In 2006, the survey began asking questions about HDHP/SO as a separate plan type, equal to the other plan types. In prior years, data on HDHP/SO plans were collected as part of one of the other types of plans, and some differences between years in HMO, PPO, and POS plan types may be a result of this reclassification. Table originally published in Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental Health, United States, 2008* (DHHS Publication No. SMA 10-4590). Rockville, MD: Center for Mental Health Services, SAMHSA.

Table 93 notes (continued)

SOURCES: Kaiser Family Foundation/Health Research & Educational Trust (2008). *Employer health benefits, 2008*. Menlo Park, CA: Kaiser Family Foundation. Retrieved from <http://ehbs.kff.org/pdf/7790.pdf>

Kaiser Family Foundation/Health Research & Educational Trust (2000). *Employer health benefits, 2000*. Menlo Park, CA: Kaiser Family Foundation. Retrieved from <http://www.kff.org/insurance/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=13512>

Table 94. Percentage of employers reporting various changes as a result of the Mental Health Parity and Addiction Equity Act of 2008, by firm size and region, 2010

[Data are based on a survey of employer-sponsored health plans]

Employer characteristic	Changed mental health benefits (percent)	Eliminated limits on coverage ¹ (percent)	Dropped mental health coverage ¹ (percent)	Increased utilization management of mental health benefits ¹ (percent)	Other ¹ (percent)
Firm size					
51–199 workers	26	61	7	18	20
200–999 workers	35	70	4	13	30
1,000–4,999 workers	58	79	1	15	24
5,000 or more workers	71	85	1	11	16
All small firms (51–199 workers)	26	61	7	18	20
All large firms (200 or more workers)	43	75	2	13	26
Region					
Northeast	21	68	<1	11	30
Midwest	35	77	1	8	19
South	36	68	1	27	20
West	29	51	18	11	26
All firms (51 or more workers)	31	66	5	16	23

¹ Among firms reporting that they made changes to the mental health benefits they offer as a result of the Mental Health Parity and Addiction Equity Act of 2008.

NOTES: The Henry J. Kaiser Family Foundation and Health Research & Educational Trust Employer Health Benefits Survey is an annual survey of employers that provides a detailed look at trends in employer-sponsored health coverage, including premiums, employee contributions, cost-sharing provisions, and other relevant information. The 2010 survey included 3,143 randomly selected public and private firms with three or more employees.

Asked of firms with more than 50 workers. An employer may have more than one response.

SOURCE: Kaiser Family Foundation/Health Research & Educational Trust (2010). *Employer health benefits, 2010 annual survey*. Menlo Park, CA: Kaiser Family Foundation. Retrieved from <http://ehbs.kff.org/pdf/2010/8085.pdf>

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7.3.4 Mental Health Prescription Medication Use Tables 95–97

Table 95. Number of users and annual expenditures on selected mental health/ substance abuse (MH/SA) medications for an MH/SA condition among persons aged 18 or older, by insurance status and selected therapeutic categories, United States, 1998, 2003, and 2008

[Data are based on a nationally representative survey of households, medical providers, and employers]

Coverage group/ medication category	Users (millions)			Expenditures (millions of dollars) ¹		
	1998	2003	2008	1998	2003	2008
All coverage groups	15.1	22.5	27.2	\$10,077	\$18,966	\$25,449
Antianxiety, all classes ²	5.4	6.8	9.3	1,341	2,258	1,825
Antidepressants, all classes	11.2	18.0	21.5	6,584	11,793	12,243
Antipsychotics, all classes	1.4	1.8	2.8	1,418	2,609	6,788
Antimanics, anticonvulsants	1.0	1.6	2.3	560	1,494	2,609
Private insurance (total)	7.9	12.5	14.3	\$4,704	\$9,304	\$12,003
Antianxiety, all classes ²	2.3	3.1	4.2	558	896	560
Antidepressants, all classes	6.4	10.7	11.6	3,640	6,843	6,845
Antipsychotics, all classes	0.4	0.4	0.9	*	559	1,971
Antimanics, anticonvulsants	0.4	0.6	1.0	*	480	1,275
Medicare, aged 65 or older (total)	3.3	4.4	5.5	\$1,485	\$2,912	\$2,694
Antianxiety, all classes ²	1.5	1.9	2.2	340	521	320
Antidepressants, all classes	2.1	3.1	4.1	1,030	2,015	1,821
Antipsychotics, all classes	0.2	0.3	0.2	*	*	*
Antimanics, anticonvulsants	*	*	*	*	*	*
Medicare, aged 18 to 64 (total)	1.2	2.0	2.3	\$1,753	\$3,040	\$4,115
Antianxiety, all classes ²	0.6	0.8	1.1	204	450	554
Antidepressants, all classes	0.8	1.4	1.8	728	1,123	1,374
Antipsychotics, all classes	0.3	0.5	0.6	*	893	1,602
Antimanics, anticonvulsants	*	*	*	*	*	*
Medicaid/other public (total)	1.8	2.3	2.9	\$1,623	\$2,747	\$4,658
Antianxiety, all classes ²	0.8	0.7	1.1	179	296	180
Antidepressants, all classes	1.2	1.8	2.1	818	1,336	1,147
Antipsychotics, all classes	0.5	0.5	0.7	430	828	2,521
Antimanics, anticonvulsants	0.3	0.3	0.6	*	259	649
Uninsured (total)	0.9	1.3	2.2	\$512	\$963	\$1,979
Antianxiety, all classes ²	0.3	0.3	0.8	*	95	210
Antidepressants, all classes	0.7	1.0	1.8	369	476	1,055
Antipsychotics, all classes	*	0.2	0.3	*	*	*
Antimanics, anticonvulsants	*	*	*	*	*	*

*Estimates are considered unreliable.

¹ Adjusted to constant 2008 dollars using the gross domestic product implicit price deflator.

² Antianxiety medications include sedative and hypnotic medications.

Table 95 notes (continued)

NOTES: The Medical Expenditure Panel Survey (MEPS) is a set of large-scale surveys of families and individuals, their medical providers (e.g., doctors, hospitals, pharmacies), and employers across the United States. Since 1996, MEPS has collected data on the specific health services that Americans use, how frequently they use them, the cost of these services, and how they are paid for, as well as data on the cost, scope, and breadth of health insurance held by and available to U.S. workers.

See Appendix C for complete list of medications. Categorization of medications follows that of the National Institute of Mental Health (<http://www.nimh.nih.gov/health/publications/mental-health-medications/alphabetical-list-of-medications.shtml>).

SOURCES: Medical Expenditure Panel Survey, 1996–2008, Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality.

Zuvekas, S. H. (2005). Prescription drugs and the changing patterns of treatment for mental disorders, 1996–2001. *Health Affairs*, 24(1), 195–205.

Table 96. Number of users and annual expenditures on selected mental health/substance abuse (MH/SA) medications for an MH/SA condition among persons aged 17 or younger, by insurance status and selected therapeutic categories, United States, 1998, 2003, and 2008

[Data are based on a nationally representative survey of households, medical providers, and employers]

Coverage group/ medication category	Users (millions)			Expenditures (millions of 2008 dollars) ¹		
	1998	2003	2008	1998	2003	2008
All coverage groups²	2.6	3.3	3.5	\$1,082	\$2,906	\$4,094
Antianxiety, all classes ³	*	*	*	*	*	*
Antidepressants, all classes	0.6	1.2	0.8	248	732	192
Antipsychotics, all classes	0.1	0.3	0.7	*	334	1,065
Stimulants	2.0	2.3	2.8	653	1,539	2,584
Private insurance (total)	2.0	2.2	2.1	\$850	\$1,877	\$2,322
Antianxiety, all classes ³	*	*	*	*	*	*
Antidepressants, all classes	0.5	0.8	0.5	207	516	123
Antipsychotics, all classes	*	*	*	*	*	*
Stimulants	1.5	1.6	1.6	498	987	1,503
Medicaid/other public (total)	0.5	1.0	1.2	\$194	\$954	\$1,619
Antianxiety, all classes ³	*	*	*	*	*	*
Antidepressants, all classes	0.1	0.3	0.2	*	*	*
Antipsychotics, all classes	*	0.1	0.3	*	*	510
Stimulants	0.4	0.7	1.0	120	522	1,012

*Estimates are considered unreliable.

¹ Adjusted to constant 2008 dollars using the gross domestic product implicit price deflator.

² Coverage group of uninsured people aged 17 or younger is omitted because all of the estimates in this group are considered unreliable.

³ Antianxiety medications include sedative and hypnotic medications.

NOTES: The Medical Expenditure Panel Survey (MEPS) is a set of large-scale surveys of families and individuals, their medical providers (e.g., doctors, hospitals, pharmacies), and employers across the United States. Since 1996, MEPS has collected data on the specific health services that Americans use, how frequently they use them, the cost of these services, and how they are paid for, as well as data on the cost, scope, and breadth of health insurance held by and available to U.S. workers.

See Appendix C for complete list of medications. Categorization of medications follows that of the National Institute of Mental Health (<http://www.nimh.nih.gov/health/publications/mental-health-medications/alphabetical-list-of-medications.shtml>).

SOURCES: Medical Expenditure Panel Survey, 1996–2008, Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality.

Zuvekas, S. H. (2005). Prescription drugs and the changing patterns of treatment for mental disorders, 1996–2001. *Health Affairs*, 24(1), 195–205.

Table 97. Clubhouse costs, United States, 2010

[Data are from an annual survey of clubhouses]

Funding and costs	ICCD certified		Non-ICCD certified	
	Number of clubhouses responding	Dollars	Number of clubhouses responding	Dollars
Annual budget (excluding housing)	63	\$704,276	26	\$482,490
Cost per member per year	61	4,436	25	4,985
Cost per day	62	40	24	39

NOTE: The International Survey of Clubhouses was conducted by the International Center for Clubhouse Development (ICCD). The survey gathers information about clubhouse characteristics, governance and administration, membership, staffing and staff credentials, unit structure, employment, housing activities, services, and participation in clubhouse training. In 2010, there were 197 ICCD clubhouses in the United States; however, data were only available for 114 of them.

SOURCE: International Survey of Clubhouses, 2010, ICCD.

7. TABLES

7.4 State-Level Estimates

7.4.1 *Populations by State: People's Mental Health*

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7.4.2 *Populations by State: Providers and Settings for Mental Health Services*

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7.4.3 *Populations by State: Payers and Payment Mechanisms*

Revenues and Expenditures by Public Funding Source

Table 98. Number and percentage of persons aged 18 or older with past year any mental illness (AMI) and serious mental illness (SMI), United States and by State, 2008–2009

[Data are based on a survey of a representative sample of the national population]

State	Total adult population (1,000s)	Past year AMI		Past year SMI	
		Number (1,000s)	Percent	Number (1,000s)	Percent
Alabama	3,480	706	20.3	157	4.5
Alaska	487	92	18.8	20	4.1
Arizona	4,736	889	18.8	199	4.2
Arkansas	2,114	451	21.3	146	6.9
California	26,898	5,279	19.6	1,157	4.3
Colorado	3,681	764	20.8	193	5.2
Connecticut	2,641	521	19.7	116	4.4
Delaware	658	129	19.6	29	4.4
District of Columbia	472	99	21.0	18	3.8
Florida	14,066	2,551	18.1	660	4.7
Georgia	6,977	1,343	19.3	287	4.1
Hawaii	959	187	19.5	34	3.5
Idaho	1,095	246	22.5	63	5.8
Illinois	9,530	1,727	18.1	418	4.4
Indiana	4,714	1,037	22.0	281	6.0
Iowa	2,245	427	19.0	111	4.9
Kansas	2,046	421	20.6	91	4.4
Kentucky	3,200	640	20.0	172	5.4
Louisiana	3,240	639	19.7	154	4.8
Maine	1,028	215	20.9	48	4.7
Maryland	4,223	706	16.7	154	3.6
Massachusetts	5,021	1,014	20.2	211	4.2
Michigan	7,490	1,539	20.5	390	5.2
Minnesota	3,918	751	19.1	210	5.3
Mississippi	2,110	411	19.5	87	4.1
Missouri	4,413	921	20.9	229	5.2
Montana	735	149	20.2	37	5.0
Nebraska	1,309	267	20.4	61	4.7
Nevada	1,916	413	21.6	88	4.6
New Hampshire	1,014	198	19.6	46	4.6
New Jersey	6,530	1,193	18.3	269	4.1
New Mexico	1,459	277	19.0	64	4.4
New York	14,837	2,949	19.9	675	4.5
North Carolina	6,826	1,341	19.6	293	4.3
North Dakota	484	87	18.0	17	3.6
Ohio	8,615	1,759	20.4	447	5.2
Oklahoma	2,663	575	21.6	136	5.1
Oregon	2,894	595	20.6	155	5.4
Pennsylvania	9,535	1,691	17.7	358	3.8
Rhode Island	807	195	24.2	58	7.2
South Carolina	3,342	632	18.9	137	4.1

(continued)

Table 98. Number and percentage of persons aged 18 or older with past year any mental illness (AMI) and serious mental illness (SMI), United States and by State, 2008–2009 (continued)

State	Total adult population (1,000s)	Past year AMI		Past year SMI	
		Number (1,000s)	Percent	Number (1,000s)	Percent
South Dakota	592	107	18.1	21	3.5
Tennessee	4,672	1,004	21.5	235	5.0
Texas	17,260	3,377	19.6	741	4.3
Utah	1,876	452	24.1	116	6.2
Vermont	488	96	19.7	23	4.7
Virginia	5,765	1,064	18.5	225	3.9
Washington	4,948	1,048	21.2	233	4.7
West Virginia	1,406	310	22.0	86	6.1
Wisconsin	4,248	900	21.2	211	5.0
Wyoming	399	87	21.8	21	5.2
United States	226,065	44,471	19.7	10,388	4.6

NOTES: The National Survey on Drug Use and Health (NSDUH) is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year.

Mental illness among persons aged 18 or older is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994); and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult NSDUH respondents' mental illness was determined based on modeling their responses to questions on distress (K6 scale) and impairment (truncated version of the World Health Organization Disability Assessment Schedule). Serious mental illness (SMI) among adults is defined as persons aged 18 or older who currently or at any time in the past year had a diagnosable mental, behavioral, or emotional disorder as defined above and resulting in substantial impairment in carrying out major life activities, based on Global Assessment of Functioning (GAF) scores of 50 or less. Any mental illness (AMI) among adults is defined as persons aged 18 or older who currently or at any time in the past year had a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. AMI includes persons with mental illness having serious, moderate, or mild functional impairment; SMI is a subset of the AMI group.

Data from more than one year were combined to ensure statistically precise estimates.

SOURCE: National Survey on Drug Use and Health, 2008–2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Table 99. Percentage of persons aged 18 or older with a past year major depressive episode (MDE), United States and by State, 2005–2009

[Data are based on a survey of a representative sample of the national population]

State	2005–2006 (percent)	2006–2007 (percent)	2007–2008 (percent)	2008–2009 (percent)
Alabama	6.3	6.0	5.8	6.4
Alaska	6.1	6.7	6.2	5.8
Arizona	6.4	6.7	7.1	7.0
Arkansas	7.6	7.5	7.4	7.9
California	5.5	5.8	6.1	6.0
Colorado	7.1	6.6	6.9	7.5
Connecticut	6.3	6.3	6.8	5.9
Delaware	7.2	6.6	6.1	6.4
District of Columbia	7.8	7.5	6.6	5.8
Florida	6.0	6.2	6.5	6.4
Georgia	6.5	6.9	6.5	6.2
Hawaii	4.6	4.6	5.9	6.2
Idaho	7.2	7.3	7.5	7.5
Illinois	6.0	5.9	5.8	6.1
Indiana	7.4	7.6	8.2	8.2
Iowa	6.3	6.9	6.2	5.8
Kansas	7.0	6.7	7.3	6.6
Kentucky	7.8	8.3	7.7	7.2
Louisiana	6.6	7.1	6.2	5.7
Maine	7.6	8.2	7.4	6.7
Maryland	6.0	5.9	5.9	5.9
Massachusetts	7.4	7.1	6.5	6.7
Michigan	7.4	7.3	6.6	6.6
Minnesota	6.3	6.3	7.1	7.6
Mississippi	6.9	5.7	5.3	5.7
Missouri	7.7	7.8	7.1	7.1
Montana	7.3	7.0	6.7	6.8
Nebraska	6.9	6.3	5.5	6.3
Nevada	7.9	8.0	7.0	6.9
New Hampshire	7.4	8.4	7.8	7.6
New Jersey	6.2	5.7	5.8	5.9
New Mexico	6.4	6.7	7.4	6.5
New York	6.3	6.1	6.6	6.7
North Carolina	6.5	6.8	7.1	6.8
North Dakota	7.0	7.4	6.5	6.2
Ohio	7.3	7.0	6.6	6.2
Oklahoma	7.2	8.2	8.0	7.4
Oregon	7.0	6.6	7.1	7.6
Pennsylvania	5.8	6.1	5.6	5.2
Rhode Island	8.4	7.3	7.6	9.5
South Carolina	7.1	7.0	6.2	7.1
South Dakota	5.7	5.5	6.0	5.7
Tennessee	7.9	8.7	7.6	6.8
Texas	6.3	6.2	6.1	6.0

(continued)

Table 99. Percentage of persons aged 18 or older with a past year major depressive episode (MDE), United States and by State, 2005–2009 *(continued)*

State	2005–2006 (percent)	2006–2007 (percent)	2007–2008 (percent)	2008–2009 (percent)
Utah	7.7	6.9	7.0	7.5
Vermont	7.6	7.8	6.5	6.5
Virginia	6.6	7.1	6.9	6.4
Washington	6.3	6.5	7.6	7.2
West Virginia	7.8	8.5	8.5	7.7
Wisconsin	7.1	6.8	7.4	7.3
Wyoming	7.4	7.7	7.9	7.4
United States	6.5	6.6	6.6	6.5

NOTES: The National Survey on Drug Use and Health is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year.

Major depressive episode (MDE) is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994), two or more MDEs are necessary to meet the criteria for recurrent major depressive disorder.

Data from more than one year were combined to ensure statistically precise estimates.

SOURCE: National Survey on Drug Use and Health, 2005–2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

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7.4 State-Level Estimates: Tables

7.4.1 *Populations by State: People's Mental Health*

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7.4.2 *Populations by State: Providers and Settings for Mental Health Services*

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Mental Health Service Capacity

7.4.3 *Populations by State: Payers and Payment Mechanisms*

Revenues and Expenditures by Public Funding Source

Table 100. Percentage of persons aged 12 to 17 with a past year major depressive episode (MDE), United States and by State, 2005–2009

[Data are based on a survey of a representative sample of the national population]

State	2005–2006 (percent)	2006–2007 (percent)	2007–2008 (percent)	2008–2009 (percent)
Alabama	7.6	7.7	8.3	8.0
Alaska	8.7	8.0	7.6	7.5
Arizona	8.7	8.1	9.0	9.1
Arkansas	8.4	8.2	8.9	9.2
California	8.1	7.6	7.9	8.2
Colorado	9.7	9.0	8.8	9.2
Connecticut	8.3	7.6	8.1	8.0
Delaware	9.0	8.9	8.1	7.8
District of Columbia	7.5	7.4	7.2	6.8
Florida	8.9	7.6	7.7	8.5
Georgia	8.3	8.5	8.2	7.8
Hawaii	8.6	8.3	8.3	8.1
Idaho	9.4	8.8	8.6	9.0
Illinois	7.6	7.3	7.5	7.5
Indiana	8.0	8.4	9.0	9.4
Iowa	8.3	7.9	7.7	8.0
Kansas	8.6	9.3	8.9	8.5
Kentucky	9.5	9.7	9.4	8.4
Louisiana	8.2	8.3	8.0	7.5
Maine	9.0	8.7	8.4	8.1
Maryland	8.4	7.7	7.0	7.1
Massachusetts	8.0	8.0	8.4	8.0
Michigan	8.3	8.1	8.3	8.2
Minnesota	8.4	8.9	9.5	8.6
Mississippi	7.9	7.5	7.3	7.1
Missouri	9.3	9.1	8.7	9.0
Montana	9.0	8.8	8.6	9.1
Nebraska	8.5	7.5	7.5	8.1
Nevada	8.2	8.1	8.2	7.4
New Hampshire	9.4	9.1	8.9	8.9
New Jersey	8.1	8.0	7.8	7.3
New Mexico	8.9	9.1	8.9	9.0
New York	7.8	7.3	8.0	8.2
North Carolina	8.4	8.5	9.0	8.4
North Dakota	8.5	8.4	8.7	8.9
Ohio	8.3	8.0	8.3	8.3
Oklahoma	9.1	8.6	8.4	8.1
Oregon	8.1	7.9	9.3	10.3
Pennsylvania	7.7	7.9	7.4	6.8
Rhode Island	7.9	7.3	8.5	9.6
South Carolina	7.9	8.5	8.7	8.9
South Dakota	7.6	7.8	8.2	8.3
Tennessee	8.2	8.5	8.8	8.5
Texas	8.6	7.9	7.6	7.4

(continued)

Table 100. Percentage of persons aged 12 to 17 with a past year major depressive episode (MDE), United States and by State, 2005–2009 *(continued)*

State	2005–2006 (percent)	2006–2007 (percent)	2007–2008 (percent)	2008–2009 (percent)
Utah	8.2	8.3	9.1	8.4
Vermont	8.7	8.6	8.1	8.1
Virginia	8.9	9.2	9.7	8.9
Washington	9.1	7.7	8.6	9.4
West Virginia	8.3	8.4	9.1	8.4
Wisconsin	9.0	8.5	9.2	8.9
Wyoming	8.9	9.7	10.0	8.6
United States	8.4	8.0	8.2	8.2

NOTES: The National Survey on Drug Use and Health is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year. In 2009, 22,626 youth aged 12 to 17 were interviewed.

Major depressive episode (MDE) is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA, 1994), two or more MDEs are necessary to meet the criteria for recurrent major depressive disorder.

Data from more than one year were combined to ensure statistically precise estimates.

SOURCE: National Survey on Drug Use and Health, 2005–2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

7. TABLES

7.4 State-Level Estimates: Tables

7.4.1 *Populations by State: People's Mental Health*

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Mental Health of Children

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7.4.2 *Populations by State: Providers and Settings for Mental Health Services*

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Mental Health Service Capacity

7.4.3 *Populations by State: Payers and Payment Mechanisms*

Revenues and Expenditures by Public Funding Source

Table 101. Number and death rates for suicide, United States and by State, 2005 and 2007

[Data are based on death certificate records]

State	2005			2007		
	Number	Age-adjusted ¹ death rate	Crude death rate ²	Number	Age-adjusted ¹ death rate	Crude death rate ²
Alabama	535	11.5	11.7	592	12.5	12.8
Alaska	131	20.2	19.7	149	22.1	21.8
Arizona	945	16.2	15.9	1,016	16.1	16.0
Arkansas	400	14.2	14.4	402	14.3	14.2
California	3,206	9.1	8.9	3,602	9.8	9.9
Colorado	800	17.3	17.1	811	16.4	16.7
Connecticut	295	8.1	8.4	271	7.4	7.7
Delaware	83	9.6	9.8	95	10.7	11.0
District of Columbia	33	5.5	6.0	36	5.8	6.1
Florida	2,347	12.6	13.2	2,587	13.3	14.2
Georgia	924	10.5	10.2	997	10.7	10.4
Hawaii	107	8.3	8.4	133	9.7	10.4
Idaho	228	16.2	16.0	223	15.1	14.9
Illinois	1,086	8.5	8.5	1,108	8.5	8.6
Indiana	745	11.9	11.9	790	12.4	12.5
Iowa	333	10.9	11.2	322	10.6	10.8
Kansas	362	13.1	13.2	382	13.7	13.8
Kentucky	566	13.3	13.6	649	15.1	15.3
Louisiana	505	11.1	11.2	522	12.2	12.2
Maine	175	12.3	13.2	191	13.7	14.5
Maryland	472	8.4	8.4	518	9.0	9.2
Massachusetts	480	7.2	7.5	516	7.6	8.0
Michigan	1,108	10.8	10.9	1,131	11.0	11.2
Minnesota	547	10.3	10.7	572	10.8	11.0
Mississippi	363	12.6	12.4	396	13.8	13.6
Missouri	727	12.4	12.5	808	13.5	13.7
Montana	206	21.5	22.0	196	19.4	20.5
Nebraska	187	10.8	10.6	181	10.2	10.2
Nevada	480	20.1	19.9	471	18.3	18.4
New Hampshire	162	11.8	12.4	158	11.1	12.0
New Jersey	536	6.0	6.1	596	6.7	6.9
New Mexico	342	17.7	17.7	401	20.4	20.4
New York	1,189	6.0	6.2	1,396	7.0	7.2
North Carolina	1,009	11.5	11.6	1,077	11.7	11.9
North Dakota	92	13.7	14.5	95	14.4	14.9
Ohio	1,341	11.4	11.7	1,295	11.0	11.3
Oklahoma	522	14.7	14.7	531	14.7	14.7
Oregon	560	14.8	15.4	594	15.2	15.9
Pennsylvania	1,430	11.1	11.5	1,441	11.2	11.6
Rhode Island	71	6.3	6.6	96	8.7	9.1
South Carolina	510	11.8	12.0	530	11.7	12.0

(continued)

Table 101. Number and death rates for suicide, United States and by State, 2005 and 2007 *(continued)*

State	2005			2007		
	Number	Age-adjusted ¹ death rate	Crude death rate ²	Number	Age-adjusted ¹ death rate	Crude death rate ²
South Dakota	121	15.3	15.6	102	12.5	12.8
Tennessee	856	14.0	14.4	844	13.3	13.7
Texas	2,418	10.9	10.6	2,433	10.4	10.2
Utah	348	15.1	14.1	378	15.4	14.3
Vermont	78	12.2	12.5	89	13.8	14.3
Virginia	866	11.2	11.4	880	11.2	11.4
Washington	822	12.7	13.1	865	13.0	13.4
West Virginia	255	13.2	14.0	300	15.9	16.6
Wisconsin	643	11.5	11.6	729	12.7	13.0
Wyoming	90	17.2	17.7	101	19.7	19.3
United States	32,637	10.9	11.0	34,598	11.3	11.5

¹ Estimates are age-adjusted to the year 2000 standard population using 11 age groups: younger than 1 year (3,794,901 persons), 1 to 4 years (15,191,619), 5 to 14 years (39,976,619), 15 to 24 years (38,076,743), 25 to 34 years (37,233,437), 35 to 44 years (44,659,185), 45 to 54 years (37,030,152), 55 to 64 years (23,961,506), 65 to 74 years (18,135,514), 75 to 84 years (12,314,793), and 85 years or older (4,259,173).

² Crude death rate equals total number of deaths in the State divided by total number in the population of the State multiplied by 100,000.

NOTE: The National Vital Statistics Report presents detailed data on the deaths and death rates according to a number of social, demographic, and medical characteristics. In 2007, 2,423,712 deaths were reported in the United States.

SOURCE: Xu, J. Q., Kochanek, K. D., Murphy, S. L., & Tejada-Vera, B. (2010). Deaths: Final data for 2007. *National Vital Statistics Reports*, 58(19). Hyattsville, MD: National Center for Health Statistics.

7. TABLES

7.4 State-Level Estimates: Tables

7.4.1 *Populations by State: People's Mental Health*

Mental Health of Adults

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Table 102

7.4.2 *Populations by State: Providers and Settings for Mental Health Services*

Mental Health of Adults

Mental Health of Children

Mental Health Service Capacity

7.4.3 *Populations by State: Payers and Payment Mechanisms*

Revenues and Expenditures by Public Funding Source

Table 102. Number and percentage of inmates in State correctional facilities receiving mental health treatment, United States and by State, 2000

[Data are based on a survey of correctional facilities]

State	24-hour mental health care		Therapy/ counseling		Psychotropic medication	
	Number	Percent	Number	Percent	Number	Percent
Alabama	556	2.5	1,768	8.4	1,078	4.9
Alaska	93	2.9	286	10.8	238	9.0
Arizona	378	1.4	3,874	14.7	2,194	8.3
Arkansas	82	0.8	1,117	10.7	424	4.1
California	3,144	2.1	18,863	12.5	15,831	10.5
Colorado	274	1.8	2,213	14.9	2,180	14.2
Connecticut	341	2.3	2,596	17.8	1,659	11.4
Delaware	2	0.0	801	14.5	739	12.5
District of Columbia	38	1.6	503	21.1	213	8.9
Florida	191	0.3	10,689	14.9	7,764	10.8
Georgia	2,070	4.8	5,302	12.1	4,659	10.6
Hawaii	120	3.2	100	2.7	746	19.8
Idaho	1	0.0	547	14.3	728	19.1
Illinois	672	1.5	4,374	9.9	2,954	6.7
Indiana	354	1.9	4,281	23.5	2,392	13.1
Iowa	134	1.5	1,293	14.3	1,122	12.4
Kansas	218	2.4	2,075	23.1	1,518	16.9
Kentucky	126	1.0	2,626	21.9	2,296	18.5
Louisiana	201	1.2	5,062	27.0	1,626	8.7
Maine	26	2.8	538	33.0	367	23.5
Maryland	253	1.3	2,829	14.9	2,344	12.4
Massachusetts	309	3.0	2,271	21.8	1,331	12.7
Michigan	760	1.7	4,678	10.5	2,161	4.8
Minnesota	32	0.4	1,222	16.4	1,312	17.6
Mississippi	580	3.9	1,607	10.9	1,935	13.1
Missouri	12	0.0	3,331	11.9	1,054	3.8
Montana	13	0.6	268	12.0	478	21.4
Nebraska	84	2.4	982	28.0	691	19.7
Nevada	54	0.8	599	10.6	529	7.7
New Hampshire	92	4.9	387	20.7	228	12.2
New Jersey	467	1.8	2,308	9.2	2,541	9.4
New Mexico	138	2.7	803	15.6	427	8.5
New York	262	0.4	6,888	10.2	4,539	6.7
North Carolina	715	2.5	3,747	13.2	2,783	10.2
North Dakota	—	—	—	—	247	39.3
Ohio	1,042	2.2	7,165	15.0	4,921	10.3
Oklahoma	187	0.8	3,349	14.6	2,716	11.8
Oregon	65	0.8	2,032	21.8	1,796	19.6
Pennsylvania	178	0.5	4,761	13.0	3,891	10.6
Rhode Island	10	0.3	—	—	—	—
South Carolina	39	0.2	1,122	5.3	28	1.1
South Dakota	43	1.7	577	22.3	420	16.2

(continued)

Table 102. Number and percentage of inmates in State correctional facilities receiving mental health treatment, United States and by State, 2000 *(continued)*

State	24-hour mental health care		Therapy/ counseling		Psychotropic medication	
	Number	Percent	Number	Percent	Number	Percent
Tennessee	399	2.2	430	6.5	1,811	9.9
Texas	1,638	1.5	9,599	7.7	7,838	6.2
Utah	22	1.8	306	29.0	239	19.8
Vermont	30	3.0	350	34.9	284	28.3
Virginia	0	0.0	3,215	10.6	2,540	8.4
Washington	381	2.6	—	—	1,925	13.1
West Virginia	29	1.0	353	12.6	486	16.1
Wisconsin	492	3.2	2,483	20.4	2,735	18.0
Wyoming	7	0.3	815	37.3	378	17.3
United States	17,354	1.6	137,385	12.8	105,336	9.7

— Data not available.

NOTES: The 2000 Census of State and Federal Adult Correctional Facilities provides information on facilities, inmates, programs, and staff of State and Federal correctional facilities throughout the United States, and of private correctional facilities housing State or Federal inmates. Data were gathered from 1,668 separate institutions (prisons; prison boot camps; reception, diagnostic, and classification centers; prison forestry camps and farms; prison hospitals; youthful offender facilities [except in California]; facilities for alcohol and drug treatment; work release and prerelease; and State-operated local detention facilities in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont).

Percentages are based on the number of inmates held in facilities reporting data. Total inmates (denominators for the percentages) vary by category of treatment: 1,073,455 for 24-hour mental health care; 1,069,605 for therapy/ counseling; and 1,088,023 for use of psychotropic medications.

SOURCE: Beck, A. J., & Maruschak, L. M. (2001). *Mental health treatment in State prisons, 2000* (NCJ 188215). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from <http://bjs.ojp.usdoj.gov/content/pub/pdf/mhtsp00.pdf>

7. TABLES

7.4 State-Level Estimates: Tables

7.4.1 *Populations by State: People's Mental Health*

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7.4.2 *Populations by State: Providers and Settings for Mental Health Services*

Mental Health of Adults **Tables 103–105**

Mental Health of Children

Mental Health Service Capacity

7.4.3 *Populations by State: Payers and Payment Mechanisms*

Revenues and Expenditures by Public Funding Source

Table 103. Total adult population and percentage of persons aged 18 or older who received outpatient specialty mental health treatment, by treatment setting, United States and by State, 2005–2009

[Data are based on a survey of a representative sample of the national population]

State	Total adult population (1,000s)	Any outpatient specialty treatment (percent)	Outpatient mental health clinic or center (percent)	Office of a private therapist, psychologist, psychiatrist, social worker, or counselor—not part of a clinic (percent)	Partial day hospital or day treatment program (percent)
Alabama	3,439	3.6	1.5	2.3	0.1
Alaska	473	4.4	1.7	2.8	0.1
Arizona	4,557	5.2	1.1	4.2	0.2
Arkansas	2,087	4.3	1.9	2.5	0.2
California	26,534	5.1	1.3	3.8	0.2
Colorado	3,571	6.9	1.9	5.4	0.1
Connecticut	2,630	7.9	1.9	6.5	0.2
Delaware	646	5.8	0.9	4.9	0.2
District of Columbia	458	8.7	1.3	7.5	0.1
Florida	13,837	4.2	1.1	3.3	0.1
Georgia	6,799	3.5	0.9	2.7	0.1
Hawaii	947	3.0	0.5	2.6	0.0
Idaho	1,067	4.3	0.7	3.8	0.1
Illinois	9,459	4.4	1.0	3.5	0.1
Indiana	4,665	4.7	1.8	3.1	0.2
Iowa	2,238	4.6	2.4	2.4	0.2
Kansas	2,027	5.7	2.2	3.7	*
Kentucky	3,159	4.3	1.6	2.8	0.0
Louisiana	3,194	4.0	1.6	2.2	0.3
Maine	1,026	7.2	2.6	5.2	0.1
Maryland	4,174	5.1	1.0	4.2	0.1
Massachusetts	4,947	8.0	1.6	6.7	0.2
Michigan	7,490	4.9	1.8	3.4	0.1
Minnesota	3,879	5.9	2.5	3.9	0.1
Mississippi	2,100	3.3	2.1	1.3	0.0
Missouri	4,362	5.2	1.2	4.2	0.2
Montana	724	5.4	2.0	3.7	0.0
Nebraska	1,301	5.2	1.7	3.8	0.5
Nevada	1,860	4.4	1.5	2.9	0.0
New Hampshire	1,005	7.9	1.9	6.2	0.1
New Jersey	6,507	4.6	1.2	3.5	0.4
New Mexico	1,435	4.8	1.7	3.4	*
New York	14,655	7.0	1.9	5.1	0.2
North Carolina	6,627	4.7	1.8	2.8	0.2
North Dakota	481	4.8	1.9	3.3	0.1
Ohio	8,570	5.0	1.5	3.8	0.0
Oklahoma	2,632	5.0	1.6	3.3	0.2
Oregon	2,838	5.6	1.9	4.0	0.0
Pennsylvania	9,465	4.7	1.7	3.2	0.1

(continued)

Table 103. Total adult population and percentage of persons aged 18 or older who received outpatient specialty mental health treatment, by treatment setting, United States and by State, 2005–2009 *(continued)*

State	Total adult population (1,000s)	Any outpatient specialty treatment (percent)	Outpatient mental health clinic or center (percent)	Office of a private therapist, psychologist, psychiatrist, social worker, or counselor—not part of a clinic (percent)	Partial day hospital or day treatment program (percent)
Rhode Island	810	9.5	2.5	7.1	0.6
South Carolina	3,250	3.8	1.7	2.3	0.2
South Dakota	581	3.7	1.6	2.4	0.0
Tennessee	4,580	4.3	1.8	2.6	*
Texas	16,782	3.4	0.8	2.7	0.0
Utah	1,798	5.9	1.4	4.9	0.2
Vermont	486	8.1	1.3	7.3	0.1
Virginia	5,659	4.5	1.3	3.5	0.0
Washington	4,837	5.4	1.5	4.1	0.1
West Virginia	1,406	5.8	2.5	3.5	0.2
Wisconsin	4,204	5.9	2.3	3.8	0.0
Wyoming	391	5.3	2.2	3.2	0.1
United States	222,646	5.0	1.5	3.7	0.1

*Estimates are considered unreliable.

NOTES: The National Survey on Drug Use and Health is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year.

Respondents could indicate multiple service sources; thus, these response categories are not mutually exclusive.

Data from more than one year were combined to ensure statistically precise estimates.

SOURCE: National Survey on Drug Use and Health, 2005–2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Table 104. Percentage of persons aged 18 or older who received outpatient nonspecialty mental health treatment, by treatment setting, United States and by State, 2005–2009

[Data are based on a survey of a representative sample of the national population]

State	Total adult population (1,000s)	Any outpatient nonspecialty treatment ¹ (percent)	Doctor's office—not part of a clinic ¹ (percent)	Outpatient medical clinic ¹ (percent)	School or university setting/clinic/center ^{1,2} (percent)	Some other place ^{1,3} (percent)
Alabama	3,439	2.7	2.0	0.6	0.0	0.1
Alaska	473	2.0	0.9	0.9	*	0.4
Arizona	4,557	2.5	1.6	0.8	0.1	0.2
Arkansas	2,087	2.8	2.0	0.7	0.0	0.3
California	26,534	1.5	1.0	0.5	0.0	0.0
Colorado	3,571	2.0	1.3	0.5	0.0	0.2
Connecticut	2,630	1.8	1.4	0.5	0.0	0.0
Delaware	646	2.4	2.0	0.2	0.1	0.3
District of Columbia	458	1.7	0.8	0.8	0.0	0.1
Florida	13,837	2.0	1.4	0.5	0.0	0.2
Georgia	6,799	2.7	1.8	0.7	0.1	0.1
Hawaii	947	1.1	0.5	0.5	0.0	0.0
Idaho	1,067	2.2	1.6	0.5	0.0	0.1
Illinois	9,459	1.4	1.0	0.3	0.0	0.1
Indiana	4,665	2.9	2.2	0.8	0.0	0.0
Iowa	2,238	2.1	1.1	0.8	0.1	0.2
Kansas	2,027	2.2	1.3	0.6	0.1	0.2
Kentucky	3,159	3.0	2.3	0.6	*	0.0
Louisiana	3,194	2.8	1.5	1.2	0.1	0.1
Maine	1,026	2.9	2.0	0.5	0.1	0.4
Maryland	4,174	2.1	1.8	0.3	0.0	0.1
Massachusetts	4,947	2.2	1.4	0.6	0.1	0.1
Michigan	7,490	2.3	1.7	0.5	0.0	0.1
Minnesota	3,879	2.1	0.6	1.4	0.0	0.1
Mississippi	2,100	1.6	1.1	0.5	0.0	0.0
Missouri	4,362	2.3	1.5	0.6	0.0	0.3
Montana	724	2.6	1.6	0.7	0.1	0.3
Nebraska	1,301	2.0	1.2	0.8	0.0	0.1
Nevada	1,860	1.3	1.0	0.3	0.0	0.0
New Hampshire	1,005	2.7	1.9	0.8	0.0	0.1
New Jersey	6,507	2.1	1.6	0.3	0.1	0.2
New Mexico	1,435	1.8	1.1	0.6	0.0	0.1
New York	14,655	1.8	1.2	0.5	0.0	0.1
North Carolina	6,627	2.7	2.0	0.6	0.0	0.0
North Dakota	481	2.2	0.4	1.4	0.1	0.3
Ohio	8,570	2.4	1.9	0.4	0.0	0.2
Oklahoma	2,632	2.5	1.6	0.7	*	0.2
Oregon	2,838	2.3	1.4	0.6	0.1	0.1
Pennsylvania	9,465	2.1	1.8	0.3	0.0	0.1

(continued)

Table 104. Percentage of persons aged 18 or older who received outpatient nonspecialty mental health treatment, by treatment setting, United States and by State, 2005–2009 *(continued)*

State	Total adult population (1,000s)	Any outpatient nonspecialty treatment ¹ (percent)	Doctor's office—not part of a clinic ¹ (percent)	Outpatient medical clinic ¹ (percent)	School or university setting/clinic/center ^{1,2} (percent)	Some other place ^{1,3} (percent)
Rhode Island	810	3.6	2.4	0.9	*	0.3
South Carolina	3,250	2.2	1.6	0.4	0.0	0.2
South Dakota	581	1.8	0.6	1.0	0.0	0.2
Tennessee	4,580	2.4	1.9	0.5	*	0.0
Texas	16,782	1.9	1.2	0.6	0.0	0.1
Utah	1,798	3.7	2.6	0.7	0.2	0.2
Vermont	486	2.9	2.3	0.7	0.1	0.0
Virginia	5,659	2.4	1.7	0.7	0.0	0.0
Washington	4,837	2.4	1.5	0.7	0.0	0.1
West Virginia	1,406	3.3	2.5	0.6	0.1	0.1
Wisconsin	4,204	1.8	0.6	1.1	0.1	0.1
Wyoming	391	2.6	1.4	0.7	0.0	0.5
United States	222,646	2.1	1.4	0.6	0.0	0.1

*Estimates are considered unreliable.

¹ This does not exclude contact with a medical provider for prescription medication.

² Respondents were permitted to specify other locations for receiving outpatient mental health treatment/counseling. This location was the most commonly reported other location for receiving outpatient treatment/counseling.

³ Respondents with unknown or invalid responses to the location “some other place received outpatient mental health treatment/counseling” were excluded.

NOTES: The National Survey on Drug Use and Health is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year.

Respondents could indicate multiple service sources; thus, these response categories are not mutually exclusive.

Data from more than one year were combined to ensure statistically precise estimates.

SOURCE: National Survey on Drug Use and Health, 2005–2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Table 105. Clinical, rehabilitation, and evidence-based practices services under Medicaid available for adults, United States and by State, 2008

[Data are based on a study of States' policies on Medicaid programs]

State	Clinical services									
	Crisis inter- vention	Mobile crisis response	Crisis stabiliza- tion	Substance abuse outpatient	Substance abuse intensive outpatient	Substance abuse ambulatory detox	Methadone main- tenance	Partial hospitaliza- tion	Day treatment (mental health)	Day treatment (substance abuse)
Alabama	Y	N	Y	Y	Y	N	Y	Y	Y	Y
Alaska	Y	N	Y	Y	Y	N	Y	N	Y	Y
Arizona	Y	Y	Y	Y	N	N	Y	Y	Y	N
Arkansas	Y	N	N	N	N	N	N	N	Y	N
California	Y	N	Y	Y	Y	N	N	N	Y	N
Colorado	Y	N	N	N	N	N	N	Y	N	N
Connecticut	Y	N	N	Y	Y	N	Y	Y	Y	N
Delaware	Y	N	N	N	N	N	N	N	N	N
District of Columbia	Y	N	Y	N	N	N	N	N	Y	N
Florida	Y	N	Y	Y	N	N	Y	Y	N	Y
Georgia	Y	N	Y	Y	Y	Y	N	Y	N	Y
Hawaii	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Idaho	Y	N	Y	N	N	N	N	Y	N	N
Illinois	Y	N	N	Y	N	Y	N	N	N	Y
Indiana	Y	N	Y	Y	Y	Y	N	Y	N	N
Iowa ¹	Y	Y	N	Y	Y	N	N	Y	Y	Y
Kansas	Y	N	Y	Y	N	N	N	N	N	N
Kentucky	Y	N	N	Y	N	N	N	Y	Y	N
Louisiana	N	N	Y	Y	N	N	N	N	N	N
Maine	Y	Y	Y	Y	Y	N	Y	N	Y	N
Maryland	Y	Y	Y	Y	N	N	Y	Y	Y	N
Massachusetts	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Michigan	Y	N	Y	Y	Y	Y	Y	Y	Y	N
Minnesota	Y	Y	Y	Y	Y	N	N	Y	Y	N
Mississippi	Y	N	N	N	N	N	N	Y	Y	N
Missouri	Y	N	Y	Y	N	N	N	N	Y	N

(continued)

Table 105. Clinical, rehabilitation, and evidence-based practices services under Medicaid available for adults, United States and by State, 2008 *(continued)*

State	Clinical services									
	Crisis inter- vention	Mobile crisis response	Crisis stabiliza- tion	Substance abuse outpatient	Substance abuse intensive outpatient	Substance abuse ambulatory detox	Methadone main- tenance	Partial hospitaliza- tion	Day treatment (mental health)	Day treatment (substance abuse)
Montana	Y	N	N	Y	Y	Y	N	Y	Y	Y
Nebraska	Y	N	Y	Y	N	N	N	N	N	N
Nevada ¹	Y	Y	Y	Y	N	N	N	Y	Y	Y
New Hampshire	Y	N	N	N	N	N	N	Y	N	N
New Jersey	Y	N	N	Y	N	N	N	Y	N	N
New Mexico	Y	N	Y	Y	N	N	N	Y	N	N
New York	Y	N	N	Y	N	N	N	Y	Y	N
North Carolina	N	Y	Y	Y	Y	Y	N	Y	N	N
North Dakota	Y	N	Y	Y	N	N	N	N	Y	Y
Ohio	Y	Y	Y	Y	Y	Y	Y	Y	N	N
Oklahoma	Y	Y	Y	Y	Y	N	N	N	N	N
Oregon	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Pennsylvania	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rhode Island	Y	Y	N	Y	Y	Y	Y	Y	N	Y
South Carolina	Y	N	Y	N	N	N	N	N	Y	N
South Dakota	Y	N	N	N	N	N	N	N	N	N
Tennessee	Y	Y	Y	Y	Y	Y	N	Y	Y	N
Texas	Y	Y	N	N	N	N	N	N	Y	N
Utah	Y	N	Y	Y	N	N	N	N	Y	N
Vermont	Y	Y	Y	Y	Y	N	N	Y	N	N
Virginia	Y	Y	Y	Y	Y	N	N	Y	Y	Y
Washington	Y	N	N	Y	N	N	Y	N	Y	N
West Virginia	Y	N	Y	N	N	N	N	N	N	N
Wisconsin	Y	Y	N	Y	N	N	Y	N	Y	Y
Wyoming	Y	N	Y	Y	Y	N	N	N	Y	N
Total number of States offering services	49	19	34	40	23	13	16	30	31	14

(continued)

Table 105. Clinical, rehabilitation, and evidence-based practices services under Medicaid available for adults, United States and by State, 2008 *(continued)*

State	Rehabilitation services									
	Site-based rehabilitation	Drop-in centers	Clubhouses	Employment skills	Services at job site	Housing skills	Education skills	Recreation-based services	Socialization	Natural supports ²
Alabama	Y	N	N	Y	N	N	Y	Y	N	N
Alaska	N	N	N	N	N	N	N	N	N	N
Arizona	N	N	N	Y	N	N	Y	N	N	N
Arkansas	N	N	N	N	N	N	N	N	N	N
California	Y	N	N	N	N	N	N	N	N	N
Colorado	N	N	N	Y	N	N	N	N	N	N
Connecticut	N	N	N	Y	N	Y	Y	N	N	N
Delaware	Y	N	N	N	N	Y	N	N	N	N
District of Columbia	N	N	N	N	N	N	N	N	N	N
Florida	Y	N	Y	N	N	N	N	N	N	N
Georgia	Y	N	N	Y	N	Y	N	N	N	N
Hawaii	Y	N	Y	Y	Y	N	Y	Y	Y	N
Idaho	Y	N	N	Y	N	Y	Y	N	N	N
Illinois	N	N	N	N	N	N	N	N	N	Y
Indiana	N	N	N	N	N	N	N	N	N	N
Iowa ¹	Y	N	N	Y	N	N	Y	N	N	N
Kansas	Y	N	N	N	Y	N	Y	N	N	N
Kentucky	Y	N	N	Y	N	N	N	N	N	N
Louisiana	Y	N	N	Y	N	N	N	N	N	N
Maine	N	N	N	Y	N	N	Y	N	N	N
Maryland	Y	N	N	N	N	Y	N	N	N	N
Massachusetts	Y	N	N	Y	N	N	N	N	N	N
Michigan	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Minnesota	Y	Y	Y	Y	Y	Y	N	N	N	N
Mississippi	Y	N	N	N	N	N	N	N	N	N
Missouri	Y	N	N	Y	N	Y	N	N	N	N

(continued)

Table 105. Clinical, rehabilitation, and evidence-based practices services under Medicaid available for adults, United States and by State, 2008 *(continued)*

State	Rehabilitation services									
	Site-based rehabilitation	Drop-in centers	Clubhouses	Employment skills	Services at job site	Housing skills	Education skills	Recreation-based services	Socialization	Natural supports ²
Montana	Y	N	N	Y	Y	N	Y	N	N	N
Nebraska	Y	N	N	Y	N	N	N	Y	Y	N
Nevada ¹	Y	N	N	N	N	N	N	Y	Y	N
New Hampshire	N	N	N	N	N	N	N	N	N	Y
New Jersey	N	N	N	Y	N	N	N	N	N	N
New Mexico	Y	N	N	N	N	Y	Y	N	N	N
New York	Y	N	N	Y	Y	Y	Y	N	N	Y
North Carolina	Y	N	N	Y	N	N	Y	N	N	N
North Dakota	Y	N	N	Y	N	N	N	N	N	N
Ohio	N	N	N	Y	N	Y	N	Y	Y	N
Oklahoma	Y	N	N	N	N	N	N	N	Y	Y
Oregon	N	N	N	Y	N	Y	Y	N	N	N
Pennsylvania	Y	N	Y	Y	N	N	N	N	N	N
Rhode Island	Y	N	N	N	N	N	N	N	N	N
South Carolina	Y	N	N	Y	N	Y	N	N	N	N
South Dakota	N	N	N	N	N	N	N	N	N	N
Tennessee	Y	N	Y	Y	Y	Y	Y	N	N	Y
Texas	Y	N	N	Y	N	Y	N	N	N	N
Utah	Y	N	N	N	N	N	N	N	N	N
Vermont	Y	N	N	Y	Y	Y	Y	Y	Y	N
Virginia	Y	N	N	N	N	N	N	N	N	N
Washington	N	N	N	Y	N	N	N	N	N	N
West Virginia	N	N	N	Y	N	N	Y	N	N	N
Wisconsin	Y	N	N	Y	Y	N	N	Y	Y	N
Wyoming	Y	N	N	N	N	N	N	N	N	N
Total number of States offering services	35	2	6	31	9	16	17	8	8	6

(continued)

Table 105. Clinical, rehabilitation, and evidence-based practices services under Medicaid available for adults, United States and by State, 2008 (continued)

State	Evidence-based practices						
	Supported employment	Supported housing	Supported education	Family psychoeducation	Illness/disability self-management	Integrated mental health/substance abuse treatment	Assertive community treatment
Alabama	N	N	N	N	Y	N	Y
Alaska	N	N	N	N	Y	N	Y
Arizona	Y	N	N	N	N	N	N
Arkansas	N	N	N	N	N	Y	N
California	N	N	N	N	N	Y	N
Colorado	N	N	N	N	N	N	N
Connecticut	N	N	N	N	Y	N	Y
Delaware	N	N	N	Y	N	N	Y
District of Columbia	N	N	N	N	Y	Y	Y
Florida	N	N	N	N	N	N	Y
Georgia	Y	Y	N	Y	N	Y	Y
Hawaii	N	N	N	N	Y	N	Y
Idaho	N	N	N	Y	N	N	N
Illinois	Y	Y	N	N	Y	Y	Y
Indiana	N	N	N	N	N	N	Y
Iowa ¹	Y	N	N	N	N	Y	Y
Kansas	N	N	N	N	Y	N	N
Kentucky	N	N	N	N	N	N	N
Louisiana	N	N	N	N	N	N	N
Maine	Y	N	N	Y	Y	Y	Y
Maryland	Y	Y	N	N	Y	Y	Y
Massachusetts	N	N	N	Y	N	Y	Y
Michigan	Y	Y	N	Y	N	Y	Y
Minnesota	N	N	N	N	Y	N	Y
Mississippi	N	N	N	N	N	N	N
Missouri	N	N	N	N	N	N	N

(continued)

Table 105. Clinical, rehabilitation, and evidence-based practices services under Medicaid available for adults, United States and by State, 2008 (*continued*)

State	Evidence-based practices						
	Supported employment	Supported housing	Supported education	Family psychoeducation	Illness/disability self-management	Integrated mental health/substance abuse treatment	Assertive community treatment
Montana	N	N	N	N	N	N	Y
Nebraska	N	N	N	N	N	N	Y
Nevada ¹	N	N	N	N	N	N	Y
New Hampshire	Y	N	N	N	N	N	N
New Jersey	N	N	N	N	N	N	Y
New Mexico	N	N	N	N	Y	N	Y
New York	Y	Y	N	Y	Y	Y	Y
North Carolina	N	N	N	Y	N	N	Y
North Dakota	N	N	N	N	N	Y	N
Ohio	N	N	N	Y	N	N	N
Oklahoma	N	N	N	Y	Y	N	Y
Oregon	Y	Y	N	N	Y	Y	Y
Pennsylvania	Y	N	Y	Y	Y	Y	Y
Rhode Island	Y	Y	N	N	N	N	Y
South Carolina	N	N	N	N	N	N	N
South Dakota	N	N	N	N	N	N	Y
Tennessee	Y	Y	N	N	Y	Y	Y
Texas	N	N	N	N	N	N	N
Utah	N	N	N	N	N	N	N
Vermont	Y	Y	N	Y	Y	Y	Y
Virginia	Y	N	N	N	Y	Y	Y
Washington	N	N	N	N	N	N	Y
West Virginia	N	N	N	N	N	N	Y
Wisconsin	N	N	N	Y	N	Y	Y
Wyoming	N	N	N	N	Y	Y	N
Total number of States offering services	15	9	1	13	19	19	33

See notes on page 270.

Table 105 notes

¹ Iowa and Nevada adjusted Medicaid coverage under the Federal Deficit Reduction Act of 2005. See Bazelon Center for Mental Health Law (2008) for details.

² Natural supports refers to relationships that occur in everyday life.

NOTE: In 2007, the Judge David L. Bazelon Center for Mental Health Law reviewed States' written policies for their Medicaid programs, namely coverage of mental health services under the Clinic, Rehabilitation, and Home- and Community-Based State Plan service categories and their definitions of eligibility groups under targeted case management. Data from this study indicate the degree to which 50 States and the District of Columbia have been able to include in their Medicaid programs the range of effective interventions covered under Federal policy in force today.

SOURCE: Bazelon Center for Mental Health Law. (2008). *Following the rules: A report on Federal rules and State actions to cover mental health services under Medicaid*. Washington, DC: Judge David L. Bazelon Center for Mental Health Law. Retrieved from http://www.bazelon.org/LinkClick.aspx?fileticket=zeqITk_ItSk%3D&tabid=104

7. TABLES

7.4 State-Level Estimates: Tables

7.4.1 Populations by State: People's Mental Health

Mental Health of Adults

Mental Health of Children

Suicide

Special Populations

7.4.2 Populations by State: Providers and Settings for Mental Health Services

Mental Health of Adults

Mental Health of Children

Tables 106–108

Mental Health Service Capacity

7.4.3 Populations by State: Payers and Payment Mechanisms

Revenues and Expenditures by Public Funding Source

Table 106. Total youth population and percentage of persons aged 12 to 17 who received specialty and nonspecialty mental health treatment, by treatment setting, United States and by State, 2005–2009

[Data are based on a survey of a representative sample of the national population]

State	Total youth population (1,000s)	Specialty inpatient or residential treatment ¹ (percent)	Specialty outpatient treatment ² (percent)	Nonspecialty mental health services from a medical pediatrician or other family doctor (percent)
Alabama	382	3.4	10.3	3.3
Alaska	64	3.0	9.7	1.5
Arizona	532	2.4	10.1	2.2
Arkansas	233	3.7	11.3	2.6
California	3,224	1.9	10.5	2.3
Colorado	387	2.5	14.1	3.1
Connecticut	294	2.2	14.5	3.0
Delaware	69	2.6	12.5	3.5
District of Columbia	36	5.2	14.8	2.8
Florida	1,378	2.5	11.2	2.8
Georgia	814	2.1	9.0	3.7
Hawaii	97	3.5	10.0	2.0
Idaho	132	2.2	11.0	3.8
Illinois	1,085	2.8	10.9	2.5
Indiana	538	3.0	12.1	3.4
Iowa	243	2.5	12.4	2.6
Kansas	232	3.6	11.7	3.2
Kentucky	339	3.5	11.2	3.6
Louisiana	376	3.3	9.1	2.6
Maine	104	2.4	14.3	3.0
Maryland	474	2.6	13.1	3.0
Massachusetts	506	2.7	15.0	3.2
Michigan	874	2.5	12.0	2.7
Minnesota	430	2.8	13.5	2.4
Mississippi	256	3.4	8.5	2.5
Missouri	488	3.0	12.3	3.0
Montana	77	2.2	11.4	3.2
Nebraska	147	2.4	11.9	3.1
Nevada	211	2.4	8.0	1.7
New Hampshire	110	2.2	16.9	4.4
New Jersey	722	3.2	13.2	2.8
New Mexico	169	3.9	12.4	2.4
New York	1,563	2.4	13.2	2.4
North Carolina	727	2.4	10.6	2.9
North Dakota	50	2.6	11.8	2.4
Ohio	960	3.0	12.0	3.4
Oklahoma	295	3.6	11.4	3.2
Oregon	295	2.4	14.3	3.7
Pennsylvania	1,006	2.0	10.8	2.4
Rhode Island	84	2.2	13.5	2.9

(continued)

Table 106. Total youth population and percentage of persons aged 12 to 17 who received specialty and nonspecialty mental health treatment, by treatment setting, United States and by State, 2005–2009 *(continued)*

State	Total youth population (1,000s)	Specialty inpatient or residential treatment ¹ (percent)	Specialty outpatient treatment ² (percent)	Nonspecialty mental health services from a medical pediatrician or other family doctor (percent)
South Carolina	360	2.5	10.0	3.5
South Dakota	66	3.6	11.3	2.3
Tennessee	492	2.3	11.2	3.4
Texas	2,100	2.1	9.5	2.7
Utah	243	1.8	11.8	4.0
Vermont	50	2.4	15.5	3.1
Virginia	614	2.5	12.0	2.6
Washington	528	3.0	12.7	2.7
West Virginia	135	3.3	12.2	4.5
Wisconsin	461	2.8	12.5	3.1
Wyoming	42	2.8	13.5	3.0
United States	25,098	2.5	11.4	2.8

¹ Inpatient treatment includes a stay of overnight or longer in a hospital or other facility for mental health problems.

² Outpatient treatment includes treatment/counseling from a (1) private therapist, psychologist, psychiatrist, social worker, or counselor; (2) mental health clinic or center; (3) partial day hospital or day treatment program; or (4) in-home therapist, counselor, or family preservation worker.

NOTES: The National Survey on Drug Use and Health is a nationally representative survey of the civilian, noninstitutionalized population of the United States aged 12 or older. The survey interviews approximately 67,500 persons each year. In 2009, 22,626 youth aged 12 to 17 were interviewed.

Respondents could indicate multiple service sources; thus, these response categories are not mutually exclusive.

Data from more than one year were combined to ensure statistically precise estimates.

SOURCE: National Survey on Drug Use and Health, 2005–2009, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

Table 107. Clinical, rehabilitation, and evidence-based practices services under Medicaid available for children, United States and by State, 2008

[Data are based on a study of States' policies on Medicaid programs]

State	Clinical services									
	Crisis inter- vention	Mobile crisis response	Crisis stabiliza- tion	Substance abuse outpatient	Substance abuse intensive outpatient	Substance abuse ambulatory detox	Methadone main- tenance	Partial hospitaliza- tion	Day treatment (mental health)	Day treatment (substance abuse)
Alabama	Y	N	N	Y	N	N	Y	N	Y	N
Alaska	Y	N	Y	Y	Y	N	N	Y	Y	N
Arizona	Y	Y	Y	Y	N	N	N	N	Y	N
Arkansas	Y	N	Y	N	N	N	N	N	Y	N
California	Y	N	Y	Y	Y	N	N	N	Y	N
Colorado	Y	N	N	N	N	N	N	Y	N	N
Connecticut	Y	Y	Y	Y	Y	N	Y	Y	Y	N
Delaware	Y	Y	Y	Y	Y	N	N	Y	Y	Y
District of Columbia	Y	N	Y	N	N	N	N	N	Y	N
Florida	Y	N	N	Y	N	N	Y	N	Y	N
Georgia	Y	N	N	Y	Y	Y	Y	N	Y	Y
Hawaii	Y	Y	Y	Y	Y	Y	N	Y	Y	N
Idaho	Y	N	Y	N	N	N	N	Y	N	N
Illinois	Y	N	Y	Y	Y	N	N	N	N	Y
Indiana	Y	N	Y	Y	Y	N	N	Y	Y	N
Iowa ¹	Y	Y	N	Y	Y	N	N	N	Y	N
Kansas	Y	N	N	Y	N	N	N	N	N	N
Kentucky	Y	N	Y	Y	Y	N	N	N	Y	N
Louisiana	Y	N	N	Y	N	N	N	N	N	N
Maine	Y	Y	Y	Y	Y	N	Y	N	Y	N
Maryland	Y	Y	Y	Y	Y	N	Y	Y	Y	N
Massachusetts	Y	Y	Y	Y	Y	N	N	Y	Y	Y
Michigan	Y	N	Y	Y	Y	N	Y	Y	Y	N
Minnesota	Y	Y	Y	Y	N	N	N	Y	Y	N
Mississippi	Y	N	N	N	N	N	N	Y	Y	N
Missouri	Y	N	Y	Y	N	N	N	N	Y	N

(continued)

Table 107. Clinical, rehabilitation, and evidence-based practices services under Medicaid available for children, United States and by State, 2008 *(continued)*

State	Clinical services									
	Crisis inter- vention	Mobile crisis response	Crisis stabiliza- tion	Substance abuse outpatient	Substance abuse intensive outpatient	Substance abuse ambulatory detox	Methadone main- tenance	Partial hospitaliza- tion	Day treatment (mental health)	Day treatment (substance abuse)
Montana	Y	N	N	Y	Y	Y	N	Y	Y	N
Nebraska	Y	Y	Y	Y	Y	N	N	N	Y	Y
Nevada ¹	Y	Y	Y	Y	N	N	N	Y	Y	N
New Hampshire	Y	N	N	N	N	N	N	Y	Y	N
New Jersey	Y	Y	Y	Y	N	N	N	Y	Y	Y
New Mexico	Y	N	Y	Y	N	N	N	Y	Y	Y
New York	Y	N	N	Y	N	N	N	Y	Y	N
North Carolina	N	Y	Y	Y	Y	Y	N	Y	Y	N
North Dakota	Y	N	Y	Y	N	N	N	N	N	N
Ohio	Y	Y	Y	Y	Y	Y	Y	Y	N	N
Oklahoma	Y	Y	Y	Y	Y	N	N	N	N	N
Oregon	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Pennsylvania	Y	Y	Y	Y	Y	Y	N	Y	Y	N
Rhode Island	Y	Y	N	Y	N	N	N	Y	Y	N
South Carolina	Y	N	Y	N	N	N	N	N	Y	N
South Dakota	Y	N	N	N	N	N	N	N	N	N
Tennessee	Y	Y	N	Y	Y	Y	Y	Y	Y	N
Texas	Y	Y	N	N	N	N	N	N	N	N
Utah	Y	N	N	Y	N	N	N	N	Y	N
Vermont	Y	N	Y	Y	N	N	N	N	Y	N
Virginia	Y	Y	Y	Y	Y	N	N	Y	Y	Y
Washington	Y	N	N	Y	N	N	N	N	Y	N
West Virginia	Y	N	N	N	N	N	N	N	N	N
Wisconsin	Y	Y	N	Y	N	N	Y	N	Y	Y
Wyoming	Y	N	Y	Y	Y	N	N	N	Y	N
Total number of States offering services	50	22	32	41	24	8	11	25	40	9

(continued)

Table 107. Clinical, rehabilitation, and evidence-based practices services under Medicaid available for children, United States and by State, 2008 *(continued)*

State	Rehabilitation services												
	Natural supports ²	Employment skills	Education skills	Services in schools	School day treatment	After-school	Summer programs	Recreation-based services	Socialization	Housing skills	Therapeutic nursery	Early intervention services (0–3)	Transition services (child to adult)
Alabama	N	N	N	Y	Y	N	N	N	N	N	N	N	N
Alaska	N	N	Y	Y	N	N	N	N	N	N	N	N	N
Arizona	N	Y	N	Y	N	Y	N	N	N	N	Y	N	N
Arkansas	N	N	N	N	N	N	N	N	N	N	N	N	N
California	N	N	N	N	N	N	N	N	N	N	N	N	N
Colorado	N	Y	N	Y	N	N	N	N	N	N	N	N	N
Connecticut	Y	Y	Y	Y	N	Y	Y	Y	N	Y	N	N	N
Delaware	N	N	N	Y	Y	N	N	N	N	N	N	Y	Y
District of Columbia	N	N	N	Y	N	N	N	N	N	N	N	N	N
Florida	N	N	N	Y	N	N	N	N	N	N	N	Y	N
Georgia	N	Y	Y	Y	N	N	N	N	N	N	N	N	N
Hawaii	Y	Y	Y	Y	N	N	N	Y	Y	N	N	N	N
Idaho	N	Y	Y	Y	N	N	N	N	N	N	N	N	N
Illinois	N	N	N	Y	N	N	N	N	N	N	N	N	Y
Indiana	N	N	N	N	N	N	N	N	N	N	N	N	N
Iowa ¹	N	N	N	N	N	N	N	N	N	N	N	N	N
Kansas	N	N	N	Y	N	N	N	N	N	N	N	N	Y
Kentucky	N	N	N	N	N	Y	Y	N	N	N	N	Y	Y
Louisiana	N	Y	N	Y	N	N	N	N	N	N	N	N	N
Maine	N	N	N	Y	Y	N	N	N	N	N	N	Y	N
Maryland	N	N	N	N	N	Y	N	N	N	Y	Y	N	N
Massachusetts	N	Y	N	Y	N	N	N	N	N	N	N	N	Y
Michigan	Y	N	N	Y	N	N	N	N	N	N	N	Y	N
Minnesota	N	Y	N	Y	N	N	N	N	N	N	N	N	N
Mississippi	N	N	N	Y	Y	N	N	N	N	N	N	N	N
Missouri	N	Y	N	Y	N	N	N	N	N	N	N	N	N

(continued)

Table 107. Clinical, rehabilitation, and evidence-based practices services under Medicaid available for children, United States and by State, 2008 *(continued)*

State	Rehabilitation services												
	Natural supports ²	Employment skills	Education skills	Services in schools	School day treatment	After-school	Summer programs	Recreation-based services	Socialization	Housing skills	Therapeutic nursery	Early intervention services (0–3)	Transition services (child to adult)
Montana	N	Y	Y	Y	N	N	N	N	N	N	N	N	N
Nebraska	N	Y	N	Y	N	N	N	Y	N	N	Y	N	N
Nevada ¹	N	N	Y	Y	N	N	N	Y	Y	N	N	N	N
New Hampshire	N	N	N	Y	N	N	N	N	N	N	N	N	N
New Jersey	N	N	Y	Y	N	N	N	N	N	N	N	N	N
New Mexico	Y	Y	Y	Y	Y	N	N	N	N	N	N	Y	N
New York	N	N	N	Y	N	N	N	N	N	N	N	N	N
North Carolina	N	Y	Y	Y	N	N	N	N	N	N	N	Y	N
North Dakota	N	Y	N	Y	N	N	N	N	N	N	N	N	N
Ohio	N	Y	N	Y	N	N	N	Y	Y	N	N	N	N
Oklahoma	N	N	Y	Y	N	N	N	N	N	N	N	Y	N
Oregon	N	Y	Y	Y	N	N	N	Y	N	Y	N	N	N
Pennsylvania	Y	N	N	Y	Y	Y	Y	Y	Y	N	Y	N	N
Rhode Island	N	N	N	N	N	N	N	N	N	N	N	Y	N
South Carolina	N	N	Y	Y	N	N	N	N	N	N	N	Y	N
South Dakota	N	N	N	N	N	N	N	N	N	N	N	N	N
Tennessee	N	N	N	N	N	N	N	N	N	N	N	N	Y
Texas	N	N	Y	Y	N	N	N	N	N	N	N	N	N
Utah	N	N	N	Y	N	N	N	N	N	N	N	N	N
Vermont	N	Y	Y	Y	N	N	N	N	N	N	N	N	N
Virginia	N	N	N	Y	Y	N	N	N	N	N	N	Y	N
Washington	N	N	Y	Y	N	N	N	N	N	N	N	N	N
West Virginia	N	N	Y	N	N	N	N	N	N	N	N	N	N
Wisconsin	N	Y	N	Y	N	N	N	Y	Y	N	N	N	N
Wyoming	N	N	N	N	N	N	N	N	N	N	N	N	N
Total number of States offering services	5	19	17	40	7	5	3	8	5	3	4	11	6

(continued)

Table 107. Clinical, rehabilitation, and evidence-based practices services under Medicaid available for children, United States and by State, 2008 *(continued)*

State	Evidence-based practices										
	Intensive in-home services	Therapeutic foster care	Multi-systemic therapy	Wrap-around	Family psycho-education	Integrated mental health/substance abuse treatment	Illness/disability self-management	Supported education	Supported employment	Supported housing	Assertive community treatment
Alabama	Y	N	N	N	Y	N	Y	N	N	N	N
Alaska	N	Y	N	N	Y	N	N	N	N	N	N
Arizona	Y	Y	Y	N	Y	N	N	N	N	N	N
Arkansas	Y	Y	N	N	N	N	N	N	N	N	N
California	N	N	Y	N	N	N	N	N	N	N	N
Colorado	Y	N	N	N	N	N	N	N	N	N	N
Connecticut	Y	Y	Y	Y	Y	Y	Y	N	N	Y	Y
Delaware	Y	Y	N	N	Y	N	N	N	N	N	N
District of Columbia	Y	N	Y	N	Y	Y	N	N	N	N	N
Florida	Y	Y	N	N	Y	N	N	N	N	N	N
Georgia	Y	Y	N	Y	Y	Y	N	N	N	N	N
Hawaii	Y	Y	Y	N	Y	Y	N	N	N	N	N
Idaho	N	N	N	N	N	N	N	N	N	N	N
Illinois	Y	Y	N	N	N	N	Y	N	N	N	N
Indiana	N	N	Y	N	N	N	N	N	N	N	N
Iowa ¹	N	N	N	N	Y	N	N	N	N	N	N
Kansas	Y	Y	N	N	Y	N	N	N	N	N	N
Kentucky	Y	Y	Y	N	N	N	N	N	N	N	N
Louisiana	Y	N	N	N	N	N	N	N	N	N	N
Maine	Y	Y	Y	Y	Y	N	N	N	N	N	Y
Maryland	Y	Y	Y	N	N	Y	Y	N	Y	Y	N
Massachusetts	Y	N	N	N	Y	Y	N	N	N	N	Y
Michigan	Y	N	Y	Y	Y	N	N	N	N	N	N
Minnesota	N	Y	N	N	N	N	N	N	N	N	N
Mississippi	Y	N	N	Y	N	N	N	N	N	N	N
Missouri	Y	Y	N	Y	Y	N	N	N	N	N	N

(continued)

Table 107. Clinical, rehabilitation, and evidence-based practices services under Medicaid available for children, United States and by State, 2008 *(continued)*

State	Evidence-based practices										
	Intensive in-home services	Therapeutic foster care	Multi-systemic therapy	Wrap-around	Family psycho-education	Integrated mental health/substance abuse treatment	Illness/disability self-management	Supported education	Supported employment	Supported housing	Assertive community treatment
Montana	N	Y	N	N	N	N	N	N	N	N	N
Nebraska	Y	Y	N	N	Y	Y	N	N	N	N	N
Nevada ¹	Y	Y	Y	Y	Y	N	N	N	N	N	N
New Hampshire	N	N	N	N	N	N	N	N	Y	N	N
New Jersey	N	Y	Y	Y	Y	Y	Y	N	N	N	N
New Mexico	Y	Y	Y	N	Y	N	Y	N	N	N	Y
New York	N	N	N	N	N	N	N	N	N	N	N
North Carolina	Y	Y	Y	N	Y	N	N	N	N	N	N
North Dakota	Y	Y	N	N	N	N	N	N	N	N	N
Ohio	Y	N	N	N	Y	N	N	N	N	N	N
Oklahoma	N	Y	N	N	Y	N	N	N	N	N	N
Oregon	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
Pennsylvania	Y	Y	Y	Y	Y	Y	N	N	N	N	N
Rhode Island	N	Y	N	N	N	N	N	N	N	N	N
South Carolina	Y	Y	N	N	Y	N	N	N	N	N	N
South Dakota	Y	N	N	N	Y	N	N	N	N	N	N
Tennessee	Y	N	N	N	Y	Y	N	N	Y	N	Y
Texas	N	N	N	Y	Y	N	N	N	N	N	N
Utah	N	Y	N	N	Y	N	N	N	N	N	N
Vermont	Y	Y	N	N	Y	Y	N	N	N	N	N
Virginia	Y	Y	Y	Y	N	N	Y	N	Y	N	Y
Washington	N	N	N	N	N	N	N	N	N	N	N
West Virginia	N	N	N	N	N	N	N	N	N	N	N
Wisconsin	Y	N	N	N	Y	Y	N	N	N	N	Y
Wyoming	N	Y	N	Y	N	Y	N	N	N	N	N
Total number of States offering services	34	31	17	13	31	14	8	0	5	3	8

See notes on page 280.

Table 107 notes

¹ Services that may be covered under Medicaid are listed in several sections of the Federal law. Specifically, States may opt for Home- and Community-Based Services under Section 1915(i). Specifically allowable services for people with mental disorders under 1915(i) of Federal law are case management, personal care, respite, homemaker services, day treatment, partial hospitalization, psychosocial rehabilitation, and clinic services in any community setting. Section 1915(i) services can be limited to a specific number of individuals specified by the State (creating what are known as “slots”) and can be available only to individuals with incomes at or below 150 percent of the Federal poverty level, which is a lower income threshold than for Section 1905(a) services. At this time, Home- and Community-Based State Plan services authorized by the Federal Deficit Reduction Act are covered in only two States: Iowa and Nevada.

² Natural supports refers to relationships that occur in everyday life.

NOTE: In 2007, the Judge David L. Bazelon Center for Mental Health Law reviewed States’ written policies for their Medicaid programs, namely coverage of mental health services under the Clinic, Rehabilitation, and Home- and Community-Based State Plan service categories and their definitions of eligibility groups under targeted case management. Data from this study indicate the degree to which 50 States and the District of Columbia have been able to include in their Medicaid programs the range of effective interventions covered under Federal policy in force today.

SOURCE: Bazelon Center for Mental Health Law. (2008). *Following the rules: A report on Federal rules and State actions to cover mental health services under Medicaid*. Washington, DC: Judge David L. Bazelon Center for Mental Health Law. Retrieved from http://www.bazelon.org/LinkClick.aspx?fileticket=zeqITk_ItSk%3D&tabid=104

Table 108. Number of youth aged 0 to 17 and number of child and adolescent psychiatrists, by State, 1990, 2000, and 2009

[Data are based on statistics from various government agencies]

State	Youth aged 0 to 17 in 2009 (number)	Youth living in poverty in 2009 (percent)	Child and adolescent psychiatrists			Child and adolescent psychiatrists per 100,000 youth ¹		
			1990 (number)	2000 (number)	2009 (number)	1990 (number)	2000 (number)	2009 (number)
Alabama	1,128,864	23.4	23	46	71	2.2	4.1	6.3
Alaska	183,546	12.9	7	4	11	4.1	2.1	6.0
Arizona	1,732,019	20.6	43	69	122	4.5	5.1	7.0
Arkansas	709,968	25.1	12	28	38	2.0	4.1	5.4
California	9,435,682	18.2	539	688	877	7.1	7.5	9.3
Colorado	1,227,763	15.7	80	122	149	9.4	11.1	12.1
Connecticut	807,919	11.6	121	153	176	16.4	18.2	21.8
Delaware	206,674	15.3	8	14	19	5.0	7.2	9.2
District of Columbia	113,854	26.5	39	45	57	34.7	39.4	50.1
Florida	4,057,773	18.2	150	232	302	5.3	6.4	7.4
Georgia	2,583,792	20.2	66	119	146	3.9	5.5	5.7
Hawaii	290,361	11.5	34	53	72	12.3	18.0	24.8
Idaho	419,190	17.2	9	17	21	3.0	4.6	5.0
Illinois	3,177,377	17.1	144	202	249	5.0	6.2	7.8
Indiana	1,589,153	17.8	44	76	90	3.1	4.8	5.7
Iowa	713,078	14.7	29	37	42	4.1	5.1	5.9
Kansas	704,951	15.4	65	71	68	10.0	10.0	9.6
Kentucky	1,014,323	23.2	46	78	86	4.9	7.8	8.5
Louisiana	1,123,133	25.6	49	79	66	4.0	6.5	5.9
Maine	271,113	17.1	20	34	56	6.6	11.3	20.7
Maryland	1,351,814	10.2	180	229	278	18.6	16.9	20.6
Massachusetts	1,432,698	12.7	252	299	348	18.9	20.0	24.3
Michigan	2,349,695	19.6	165	192	200	6.8	7.4	8.5
Minnesota	1,260,797	12.3	53	83	105	4.6	6.5	8.3
Mississippi	767,665	29.0	6	28	33	0.8	3.6	4.3
Missouri	1,431,338	18.8	63	91	118	5.3	6.4	8.2

(continued)

Table 108. Number of youth aged 0 to 17 and number of child and adolescent psychiatrists, by State, 1990, 2000, and 2009
(continued)

State	Youth aged 0 to 17 in 2009 (number)	Youth living in poverty in 2009 (percent)	Child and adolescent psychiatrists			Child and adolescent psychiatrists per 100,000 youth ¹		
			1990 (number)	2000 (number)	2009 (number)	1990 (number)	2000 (number)	2009 (number)
Montana	219,798	19.4	4	12	17	1.8	5.2	7.7
Nebraska	451,641	15.3	10	33	31	2.4	7.3	6.9
Nevada	681,033	15.2	7	16	31	2.5	3.1	4.6
New Hampshire	288,990	9.1	24	28	28	8.7	9.1	9.7
New Jersey	2,045,646	12.2	121	185	269	6.8	8.9	13.1
New Mexico	510,110	25.5	25	44	55	5.7	8.7	10.8
New York	4,424,083	19.1	626	778	931	15.0	16.6	21.0
North Carolina	2,277,967	20.8	75	158	221	4.7	8.1	9.7
North Dakota	143,926	13.8	5	14	19	2.9	8.7	13.2
Ohio	2,714,341	18.9	121	189	238	4.4	6.6	8.8
Oklahoma	918,849	22.9	22	28	42	2.7	3.1	4.6
Oregon	872,811	17.8	33	63	89	4.7	7.5	10.2
Pennsylvania	2,775,132	16.8	243	329	351	8.8	11.3	12.6
Rhode Island	226,706	16.0	21	39	44	9.4	15.8	19.4
South Carolina	1,080,732	22.2	43	91	111	4.7	9.0	10.3
South Dakota	199,505	17.1	3	9	16	1.5	4.4	8.0
Tennessee	1,493,252	22.1	45	83	88	3.8	5.9	5.9
Texas	6,895,969	23.6	249	370	447	5.2	6.3	6.5
Utah	868,824	11.3	23	33	46	3.7	4.6	5.3
Vermont	126,219	13.2	15	20	27	10.6	13.6	21.4
Virginia	1,847,182	13.0	114	158	188	9.5	9.1	10.2
Washington	1,569,592	15.4	57	96	120	4.6	6.4	7.6
West Virginia	386,449	23.8	12	17	22	2.7	4.2	5.7
Wisconsin	1,310,250	14.4	65	108	125	5.1	7.9	9.5
Wyoming	131,944	12.7	2	4	6	1.5	3.1	4.5

See notes on page 283.

Table 108 notes

¹ Ratio per 100,000 youth for 1990 used 1990 U.S. Census data, 2000 used 2000 U.S. Census data, and 2009 used data from the 2005–2009 American Community Survey.

NOTES: The Area Resource File of the U.S. Department of Health and Human Services is a database containing more than 6,000 variables for each U.S. county. It contains information on health facilities, health professions, measures of resource scarcity, health status, economic activity, health training programs, and socioeconomic and environmental characteristics.

For 2000, the number of youth aged 0 to 17 and the percent living in poverty are from the Public Use Microdata of the Decennial U.S. Census of 2000. For 2009, the number of youth aged 0 to 17 and the percent living in poverty are from the Public Use Microdata from the 2005–2009 American Community Survey of the U.S. Census, inflated to the 2000 U.S. Census estimates by age, sex, and race/ethnicity for 2009. With the exception of 2009, data on the number of child psychiatrists are from the Area Resource File. For 2009, the data on the number of child psychiatrists per State were provided by the American Medical Association to the American Association of Child and Adolescent Psychiatry. An earlier version of this table without 2009 was published in Thomas and Holzer (2006).

SOURCES: The American Medical Association and the American Association of Child and Adolescent Psychiatry.

Thomas, C. R., & Holzer, C. E. III (2006). The continuing shortage of child and adolescent psychiatrists. *Journal of the American Academy of Child and Adolescent Psychiatry*, 45(9), 1023–1031.

7. TABLES

7.4 State-Level Estimates: Tables

7.4.1 Populations by State: People's Mental Health

Mental Health of Adults

Mental Health of Children

Suicide

Special Populations

7.4.2 Populations by State: Providers and Settings for Mental Health Services

Mental Health of Adults

Mental Health of Children

Mental Health Service Capacity

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7.4.3 Populations by State: Payers and Payment Mechanisms

Revenues and Expenditures by Public Funding Source

Table 109. Number and rate per 100,000 population of mental health personnel, by discipline, United States and by State, 2006 and 2008

[Data are based on association membership and certification data]

State	Psychiatry ¹		Psychology ²		Advanced practice psychiatric nursing ³		Counseling ⁴		Marriage and family therapy ⁵		Social work ⁶	
	2006 (number)	2006 (rate per 100,000)	2006 (number)	2006 (rate per 100,000)	2006 (number)	2006 (rate per 100,000)	2008 (number)	2008 (rate per 100,000)	2006 (number)	2006 (rate per 100,000)	2008 (number)	2008 (rate per 100,000)
Alabama	378	8.2	546	11.9	71	1.6	1,662	35.9	194	4.2	1,301	28.3
Alaska	92	13.6	170	25.1	64	9.8	442	63.2	89	13.1	744	109.8
Arizona	629	10.2	1,392	22.6	175	3.0	3,272	51.6	336	5.4	3,365	54.6
Arkansas	238	8.5	679	24.2	34	1.2	1,227	43.3	91	3.2	1,157	41.2
California	5,977	16.5	16,279	44.9	345	1.0	8,125	22.2	27,874	76.9	19,359	53.4
Colorado	695	14.6	1,846	38.7	157	3.4	4,351	89.5	501	10.5	3,788	79.5
Connecticut	988	28.3	1,415	40.5	457	13.0	1,641	46.9	846	24.2	6,443	184.3
Delaware	99	11.6	312	36.6	28	3.4	476	55.0	3	0.4	673	78.9
District of Columbia	346	59.1	1,006	171.8	26	4.7	1,168	198.6	8	1.4	1,314	224.5
Florida	1,935	10.7	3,976	22.0	366	2.1	6,984	38.3	1,433	7.9	9,318	51.6
Georgia	983	10.5	1,783	19.1	229	2.6	4,139	43.3	561	6.0	4,111	44.0
Hawaii	285	22.3	479	37.5	52	4.1	190	14.8	139	10.9	1,806	141.2
Idaho	96	6.6	206	14.1	26	1.9	933	62.2	208	14.2	978	66.8
Illinois	1,602	12.5	4,031	31.5	201	1.6	5,986	46.6	415	3.2	11,547	90.4
Indiana	526	8.3	1,019	16.2	125	2.0	1,618	25.5	813	12.9	4,589	72.8
Iowa	220	7.4	431	14.5	85	2.9	953	31.9	163	5.5	1,835	61.7
Kansas	305	11.1	630	22.9	115	4.2	395	14.2	285	10.3	2,132	77.4
Kentucky	424	10.1	969	23.0	163	3.9	837	19.7	404	9.6	1,971	46.9
Louisiana	472	11.1	501	11.8	53	1.2	2,244	52.3	891	21.0	4,613	108.7
Maine	276	21.0	543	41.3	269	20.4	932	70.7	79	6.0	2,723	207.1
Maryland	1,536	27.4	2,047	36.5	429	7.7	2,367	42.1	158	2.8	8,459	151.0
Massachusetts	2,227	34.6	4,372	67.9	921	14.4	5,896	91.4	819	12.7	15,285	237.6
Michigan	1,156	11.4	2,660	26.3	211	2.1	5,804	57.6	780	7.7	12,535	124.1
Minnesota	590	11.4	2,866	55.6	268	5.3	576	11.1	994	19.3	2,639	51.2
Mississippi	208	7.2	255	8.8	93	3.2	1,115	38.2	396	13.7	852	29.4
Missouri	617	10.6	1,327	22.7	165	2.9	3,824	65.0	155	2.7	3,772	64.6

(continued)

Table 109. Number and rate per 100,000 population of mental health personnel, by discipline, United States and by State, 2006 and 2008 (*continued*)

State	Psychiatry ¹		Psychology ²		Advanced practice psychiatric nursing ³		Counseling ⁴		Marriage and family therapy ⁵		Social work ⁶	
	2006 (number)	2006 (rate per 100,000)	2006 (number)	2006 (rate per 100,000)	2006 (number)	2006 (rate per 100,000)	2008 (number)	2008 (rate per 100,000)	2006 (number)	2006 (rate per 100,000)	2008 (number)	2008 (rate per 100,000)
Montana	150	15.8	218	23.0	31	3.3	944	98.6	31	3.3	878	92.7
Nebraska	177	10.0	342	19.4	74	4.2	1,087	61.3	84	4.8	923	52.3
Nevada	184	7.4	329	13.2	15	0.6	754	29.4	673	27.0	1,146	46.0
New Hampshire	196	14.9	588	44.8	145	11.2	572	43.5	68	5.2	1,653	126.0
New Jersey	1,543	17.8	2,737	31.6	360	4.1	2,740	31.5	699	8.1	13,971	161.2
New Mexico	301	15.5	501	25.8	99	5.2	2,532	128.6	212	10.9	1,761	90.7
New York	5,638	29.2	8,649	44.9	745	3.9	4,360	22.6	635	3.3	36,056	187.0
North Carolina	1,145	12.9	2,591	29.2	212	2.5	4,694	51.8	541	6.1	6,540	73.7
North Dakota	80	12.5	142	22.3	33	5.2	392	61.3	12	1.9	237	37.1
Ohio	1,249	10.9	3,125	27.3	338	2.9	4,004	34.9	140	1.2	5,615	49.0
Oklahoma	284	7.9	506	14.1	32	0.9	2,818	77.9	501	14.0	1,493	41.7
Oregon	527	14.3	1,055	28.6	120	3.3	1,771	47.3	342	9.3	3,472	94.1
Pennsylvania	2,081	16.8	5,018	40.5	432	3.5	4,514	36.3	347	2.8	9,823	79.2
Rhode Island	237	22.3	400	37.7	130	12.0	304	28.7	68	6.4	2,176	205.0
South Carolina	513	11.8	576	13.3	107	2.5	1,621	36.8	205	4.7	1,814	41.9
South Dakota	64	8.1	156	19.8	21	2.7	216	27.1	91	11.5	329	41.7
Tennessee	610	10.0	1,309	21.5	279	4.7	1,377	22.4	276	4.5	3,104	51.1
Texas	2,018	8.6	5,534	23.6	332	1.5	13,640	57.1	2,702	11.5	8,424	36.0
Utah	214	8.3	584	22.6	104	4.4	580	21.9	385	14.9	1,977	76.6
Vermont	169	27.2	502	80.9	57	9.2	572	92.1	29	4.7	1,088	175.3
Virginia	1,117	14.6	2,217	29.0	338	4.5	3,201	41.5	703	9.2	6,303	82.5
Washington	852	13.4	1,633	25.6	479	7.7	4,653	71.9	944	14.8	4,250	66.7
West Virginia	159	8.8	456	25.2	28	1.5	1,126	62.2	15	0.8	768	42.4
Wisconsin	668	12.0	1,213	21.8	112	2.0	2,583	46.1	274	4.9	3,330	59.8
Wyoming	44	8.6	106	20.7	13	2.6	674	128.9	54	10.5	463	90.2
United States	43,120	14.4	92,227	30.9	9,764	3.3	128,886	54.4	48,666	16.3	244,900	82.0

See notes on page 288.

Table 109 notes

¹ For psychiatry, the numerator of the rate is based on clinically active psychiatrists and does not include residents or fellows (see the American Medical Association's *Physician Characteristics and Distribution in the US, 2008*), and the denominator is from the U.S. Census Bureau population estimates as of July 1, 2006.

² For psychology, the estimates are based on clinically trained doctoral-level psychologists licensed by each State in 2007 reported from several sources, and the denominator is from the U.S. Census Bureau. Numbers for each State were reduced by the proportion of psychologists that are licensed in more than one State (8.5 percent) in an attempt to avoid counting psychologists more than once.

³ Clinically active Advanced Practice Psychiatric Nurses may be underestimated by as much as 50 percent. The data source is the American Nurses Credentialing Center (ANCC) of all Advanced Practice Psychiatric Nurses who are certified in 2006. According to estimates from the National Survey of Registered Nurses (2004), there are an estimated 20,000 Advanced Practice Psychiatric Nurses in the United States. ANCC certification is only required if billing directly for services.

⁴ 2008 National Board for Certified Counselors certification directory and national job analysis, American Counseling Association membership directory, and licensure data provided by individual States. The denominator is from the U.S. Census Bureau population estimates for 2007.

⁵ The data for the numerator are based on information collected by the American Association of Marriage and Family Therapy (AAMFT) from State marriage and family therapy regulatory boards on the number of licensed marriage and family therapists in 2006. For those States that did not license marriage and family therapists in 2006, the numbers were obtained from the count of clinical members from the AAMFT Membership Database. The denominator is from the U.S. Census Bureau estimates as of July 1, 2006.

⁶ For social work, the Association for Social Work Boards estimates the number of licensed social workers to be 310,000. This number excludes bachelor-level, doctorate-level, and nondegreed licensed social workers. An estimated 79 percent of this number, or 244,900, have MSWs, and are thus eligible to hold clinical licenses. The proportion of these MSWs that actually do hold clinical licenses is unknown. Hence, for purposes of this table, the total number of clinically trained social workers is considered to be 244,900. The MSW data were constructed as follows: The initial numerator was defined as 2 times the active National Association of Social Workers membership with an MSW degree in 2008 for the specified population aggregate. For the United States, this produced a total of 186,340. The denominator was defined as the population estimate for the aggregate from the U.S. Census Bureau population estimates for 2007. To adjust this ratio to the total of 244,900 MSW qualified social workers estimated above, each ratio was multiplied by 1.3142642 (or 244,900 divided by 186,340), and the final result was multiplied by 100,000 to produce a rate per 100,000.

NOTES: Originally published in Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental Health, United States, 2008* (DHHS Publication No. SMA 10-4590). Rockville, MD: Center for Mental Health Services, SAMHSA.

Counts of mental health personnel are for clinically active and clinically trained personnel.

SOURCE: Data are drawn from multiple sources and are delineated in the footnotes.

Table 110. Number of community hospitals with specialty mental health/substance abuse units, United States and by State, selected years 1997–2007

[Data are from Medicare Cost Reports]

State	1997	2001	2005	2006	2007 ¹
Alabama	29	24	25	26	30
Alaska	1	1	1	1	1
Arizona	16	12	16	15	13
Arkansas	30	31	27	22	23
California	98	87	75	71	66
Colorado	18	15	14	11	11
Connecticut	22	25	25	26	26
Delaware	5	3	2	2	1
District of Columbia	6	5	5	5	5
Florida	60	51	43	43	41
Georgia	24	24	23	23	23
Hawaii	1	3	3	2	2
Idaho	4	5	6	5	4
Illinois	80	69	58	56	53
Indiana	41	37	33	32	29
Iowa	24	25	24	19	20
Kansas	25	29	19	19	19
Kentucky	20	22	18	17	17
Louisiana	65	61	53	42	41
Maine	7	6	6	6	6
Maryland ²	—	—	—	—	—
Massachusetts	48	40	40	39	39
Michigan	67	57	53	50	48
Minnesota	20	25	24	21	20
Mississippi	40	43	43	36	34
Missouri	47	43	39	34	33
Montana	3	3	3	2	2
Nebraska	9	5	7	7	7
Nevada	6	5	3	3	3
New Hampshire	15	12	9	10	10
New Jersey	34	38	37	37	34
New Mexico	10	7	7	8	8
New York	98	105	104	104	103
North Carolina	41	37	37	34	37
North Dakota	7	8	7	7	7
Ohio	83	83	65	58	56
Oklahoma	28	25	24	23	23
Oregon	12	12	10	10	10
Pennsylvania	94	100	84	82	82
Rhode Island	4	5	5	5	5
South Carolina	16	16	14	14	15
South Dakota	4	4	3	3	3
Tennessee	35	39	40	40	40
Texas	75	62	44	47	47

(continued)

Table 110. Number of community hospitals with specialty mental health/substance abuse units, United States and by State, selected years 1997–2007 *(continued)*

State	1997	2001	2005	2006	2007 ¹
Utah	9	7	7	7	7
Vermont	4	4	4	2	2
Virginia	37	33	31	31	31
Washington	17	17	15	13	13
West Virginia	10	11	9	9	10
Wisconsin	25	26	20	18	16
Wyoming	4	4	4	4	4
United States	1,478	1,411	1,268	1,201	1,180

—Data not available.

¹ 2007 data are preliminary.

² Data for specialty units in Maryland are not available, because Maryland is exempt from the Medicare Prospective Payment System. As a result, Maryland hospitals do not provide specialty unit data on the Medicare Cost Report.

NOTE: The Medicare Cost Report is based on annual financial information reported to the Centers for Medicare & Medicaid Services. The Cost Report contains provider information, such as facility characteristics, utilization data, cost and charges by cost center (in total and for Medicare), Medicare settlement data, and financial statement data.

SOURCE: Medicare Cost Reports, 1997, 2001, 2005, 2006, 2007, Centers for Medicare & Medicaid Services.

Table 111. Percentage of State population living in counties with a shortage of mental health professionals in the United States, by State, 2006

[Data are based on estimates from multiple sources]

State	State population facing high shortage of mental health professionals ¹ (percent)	State population living in counties with high shortage of prescribing professionals ^{1,2} (percent)	State population living in counties with high unmet need for other mental health professionals ^{1,3} (percent)
Alabama	29.0	81.0	3.3
Alaska	17.5	39.2	2.7
Arizona	25.4	82.3	0.0
Arkansas	28.5	67.7	6.5
California	11.1	25.2	0.0
Colorado	15.3	37.3	0.1
Connecticut	0.0	0.0	0.0
Delaware	11.4	22.2	0.0
District of Columbia	0.0	0.0	0.0
Florida	25.8	73.2	0.2
Georgia	24.3	50.9	1.1
Hawaii	11.3	11.3	0.0
Idaho	31.6	97.8	0.7
Illinois	20.2	27.9	0.0
Indiana	26.1	63.4	0.0
Iowa	27.8	78.2	0.2
Kansas	24.2	52.2	2.4
Kentucky	24.0	47.8	4.9
Louisiana	21.5	64.1	0.6
Maine	6.4	20.4	0.0
Maryland	0.0	10.5	0.0
Massachusetts	0.0	0.2	0.0
Michigan	21.2	48.2	0.0
Minnesota	21.0	42.9	2.4
Mississippi	29.0	69.2	0.3
Missouri	23.0	43.3	0.6
Montana	25.6	47.2	2.2
Nebraska	27.5	51.3	0.4
Nevada	29.9	81.6	0.6
New Hampshire	4.2	3.4	0.0
New Jersey	1.2	5.9	0.0
New Mexico	17.2	46.4	0.6
New York	0.0	7.1	0.0
North Carolina	20.9	58.0	0.1
North Dakota	22.4	38.6	11.5
Ohio	24.6	49.0	0.1
Oklahoma	26.0	51.1	0.2
Oregon	19.0	27.8	0.5
Pennsylvania	11.6	27.6	0.1
Rhode Island	5.0	0.0	0.0
South Carolina	24.6	65.0	2.4

(continued)

Table 111. Percentage of State population living in counties with a shortage of mental health professionals in the United States, by State, 2006 *(continued)*

State	State population facing high shortage of mental health professionals ¹ (percent)	State population living in counties with high shortage of prescribing professionals ^{1,2} (percent)	State population living in counties with high unmet need for other mental health professionals ^{1,3} (percent)
South Dakota	28.0	54.1	10.7
Tennessee	25.4	62.7	2.6
Texas	28.5	75.1	3.1
Utah	26.3	58.7	0.6
Vermont	0.0	10.6	0.0
Virginia	8.9	25.7	0.3
Washington	19.1	38.2	0.0
West Virginia	26.9	85.0	1.0
Wisconsin	19.8	31.0	1.0
Wyoming	29.0	73.2	0.0

¹ Not all mental health professionals can prescribe medications. Typically, psychiatrists can prescribe medication, whereas advanced practice psychiatric nurses, licensed professional counselors, marriage and family therapists, psychologists, and social workers typically cannot prescribe medication.

² >50 percent shortage of prescribing mental health professionals.

³ >50 percent shortage of nonprescribing mental health professionals.

NOTES: The National Comorbidity Survey Replication (NCS-R) is a nationally representative household survey of 9,282 English speakers aged 18 or older in the United States. The Medical Expenditure Panel Survey (MEPS) is a set of large-scale surveys of families and individuals, their medical providers (e.g., doctors, hospitals, pharmacies), and employers across the United States. Since 1996, MEPS has collected data on the specific health services that Americans use, how frequently they use them, the cost of these services, and how they are paid for, as well as data on the cost, scope, and breadth of health insurance held by and available to U.S. workers.

Estimates describe shortages of outpatient professional mental health services in the adult household population. County-level need was based on models using data from NCS-R, the U.S. Census, and MEPS. The supply of clinically active mental health professionals was estimated for each county using data from licensure and certification boards and professional associations. Shortage was estimated by smoothing the county-level need and supply estimates to account for travel within a defined radius and then calculating the percentage of need for mental health visits that was not met by available providers. Estimates measure relative need rather than absolute need. Details on estimate construction and limitations can be found in Ellis et al. (2009), Konrad et al. (2009), Morrissey et al. (2007), and Thomas et al. (2009, 2010).

SOURCES: Estimates provided by Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Ellis, A. R., Konrad, T. R., Thomas, K. C., & Morrissey, J. P. (2009). County-level estimates of mental health professional supply in the United States. *Psychiatric Services*, 60(10), 1315–1322.

Konrad, T. R., Ellis, A. R., Holzer, C. E. III, Thomas, K. C., & Morrissey, J. (2009). County-level estimates of need for mental health professionals in the United States. *Psychiatric Services*, 60(10), 1307–1314.

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Thomas, K. C., Ellis, A. R., Konrad, T. R., Holzer, C. E. III, & Morrissey, J. P. (2009). County-level estimates of mental health professional shortage in the United States. *Psychiatric Services*, 60(10), 1323–1328.

Thomas, K. C., Ellis, A. R., & Morrissey, J. P. (2010). Where are the psychiatric physician assistants? Reply. *Psychiatric Services*, 61(1), 95–96.

Table 112. Number of correctional facilities under State or Federal authority that provided psychological or psychiatric counseling to inmates, United States and by State, 2005

[Data are based on a census of State and Federal correctional facilities]

State	Total facilities	Any counseling	Drug dependency counseling or awareness	Alcohol dependency counseling or awareness	Psychological or psychiatric counseling
Alabama	33	30	29	28	8
Alaska	21	14	8	10	7
Arizona	21	19	19	19	14
Arkansas	26	25	25	25	25
California	100	85	80	80	64
Colorado	58	46	42	41	32
Connecticut	49	41	40	38	27
Delaware	12	12	11	12	10
District of Columbia ¹	5	4	4	4	3
Florida	109	109	9	9	60
Georgia	87	85	79	75	41
Hawaii	10	10	10	10	9
Idaho	15	14	13	14	9
Illinois ²	44	40	33	33	22
Indiana	23	23	22	22	13
Iowa	31	29	24	25	21
Kansas	13	12	11	11	9
Kentucky	25	25	24	24	14
Louisiana	23	22	21	21	11
Maine	7	7	6	7	5
Maryland	29	26	19	21	16
Massachusetts ³	17	16	14	15	13
Michigan	62	58	57	55	49
Minnesota	18	17	13	13	12
Mississippi	31	28	25	26	10
Missouri	28	26	22	23	24
Montana	11	11	10	9	6
Nebraska	9	9	8	8	6
Nevada	22	21	19	18	12
New Hampshire	8	8	6	6	6
New Jersey	42	36	33	34	22
New Mexico	11	9	9	9	7
New York	77	72	69	68	46
North Carolina	88	83	76	77	57
North Dakota	8	7	7	7	4
Ohio	59	55	54	54	42
Oklahoma	53	46	35	33	27
Oregon	15	14	11	11	7
Pennsylvania	52	42	42	42	39
Rhode Island	7	7	5	5	7
South Carolina	33	29	27	27	16

(continued)

Table 112. Number of correctional facilities under State or Federal authority that provided psychological or psychiatric counseling to inmates, United States and by State, 2005 *(continued)*

State	Total facilities	Any counseling	Drug dependency counseling or awareness	Alcohol dependency counseling or awareness	Psychological or psychiatric counseling
South Dakota	6	4	4	4	4
Tennessee	19	18	18	18	16
Texas	132	119	37	38	11
Utah	7	6	3	3	3
Vermont	9	9	6	6	7
Virginia	59	58	55	56	36
Washington	32	32	4	4	2
West Virginia	15	12	12	12	10
Wisconsin	41	39	28	27	27
Wyoming	7	7	7	7	6
United States⁴	1,821	1,676	1,345	1,344	1,054

¹ As of December 30, 2001, sentenced felons from the District of Columbia were the responsibility of the Federal Bureau of Prisons. Some inmates were housed in private facilities under contract to the District of Columbia on December 30, 2005.

² The total number of facilities reported by the Illinois Department of Corrections as of June 30, 2005.

³ The total number of facilities reported by June 30, 2005.

⁴ Includes facilities operated by both Federal and State authorities.

NOTES: The 2005 Census of State and Federal Adult Correctional Facilities provides information on facilities, inmates, programs, and staff of State and Federal correctional facilities throughout the United States and of private correctional facilities housing State or Federal inmates. Data were gathered from 1,821 separate institutions (prisons; prison boot camps; reception, diagnostic, and classification centers; prison forestry camps and farms; prison hospitals; youthful offender facilities [except in California]; facilities for alcohol and drug treatment; work release and prerelease; and State-operated local detention facilities in Alaska, Connecticut, Delaware, Hawaii, Rhode Island, and Vermont).

Information on counseling programs was not reported in 41 facilities.

SOURCE: Census of State and Federal Adult Correctional Facilities, December 30, 2005, Bureau of Justice Statistics.

Table 113. Number of inpatient State and local psychiatric beds in U.S. hospitals, United States and by State, FY 2007

[Data are based on a survey of hospitals]

State	FY 2007 adult population (1,000s)	Beds in State and local psychiatric hospitals		Beds in other State and local government hospitals	
		Number	Number per 100,000 adults	Number	Number per 100,000 adults
Alabama	3,510	990	28.2	399	11.4
Alaska	500	80	16.0	12	2.4
Arizona	4,674	338	7.2	199	4.3
Arkansas	2,139	202	9.4	26	1.2
California	26,799	4,885	18.2	1,521	5.7
Colorado	3,647	860	23.6	53	1.5
Connecticut	2,666	777	29.1	25	0.9
Delaware	659	323	49.0	0	0.0
District of Columbia	472	817	173.0	0	0.0
Florida	14,196	1,342	9.5	622	4.4
Georgia	6,997	2,539	36.3	129	1.8
Hawaii	986	202	20.5	28	2.8
Idaho	1,090	215	19.7	63	5.8
Illinois	9,585	1,830	19.1	56	0.6
Indiana	4,754	1,172	24.7	201	4.2
Iowa	2,267	223	9.8	210	9.3
Kansas	2,076	692	33.3	128	6.2
Kentucky	3,245	535	16.5	32	1.0
Louisiana	3,273	874	26.7	285	8.7
Maine	1,037	152	14.7	0	0.0
Maryland	4,267	1,230	28.8	0	0.0
Massachusetts	5,051	897	17.8	247	4.9
Michigan	7,605	625	8.2	101	1.3
Minnesota	3,926	1,147	29.2	134	3.4
Mississippi	2,155	1,553	72.1	225	10.4
Missouri	4,475	1,342	30.0	72	1.6
Montana	737	214	29.0	0	0.0
Nebraska	1,323	716	54.1	0	0.0
Nevada	1,900	401	21.1	0	0.0
New Hampshire	1,018	224	22.0	0	0.0
New Jersey	6,566	3,685	56.1	127	1.9
New Mexico	1,464	357	24.4	10	0.7
New York	14,923	6,071	40.7	1,628	10.9
North Carolina	6,844	1,611	23.5	382	5.6
North Dakota	495	140	28.3	0	0.0
Ohio	8,755	1,420	16.2	134	1.5
Oklahoma	2,710	450	16.6	77	2.8
Oregon	2,867	739	25.8	31	1.1
Pennsylvania	9,705	2,214	22.8	0	0.0
Rhode Island	821	0	0.0	0	0.0
South Carolina	3,358	506	15.1	179	5.3

(continued)

Table 113. Number of inpatient State and local psychiatric beds in U.S. hospitals, United States and by State, FY 2007 *(continued)*

State	FY 2007 adult population (1,000s)	Beds in State and local psychiatric hospitals		Beds in other State and local government hospitals	
		Number	Number per 100,000 adults	Number	Number per 100,000 adults
South Dakota	599	244	40.7	0	0.0
Tennessee	4,694	972	20.7	59	1.3
Texas	17,190	3,108	18.1	275	1.6
Utah	1,834	449	24.5	114	6.2
Vermont	489	54	11.0	0	0.0
Virginia	5,883	1,593	27.1	132	2.2
Washington	4,916	1,216	24.7	105	2.1
West Virginia	1,423	240	16.9	26	1.8
Wisconsin	4,277	1,225	28.6	0	0.0
Wyoming	397	166	41.8	31	7.8
United States	227,240	53,857	23.7	8,078	3.6

NOTES: The American Hospital Association Annual Survey is completed online by most U.S. hospitals and profiles more than 6,500 hospitals throughout the United States. The overall response rate for FY 2007 was 78 percent, but this rate varies among subgroups of hospitals depending on size, ownership, service, geographical location, and membership status. The survey covers hospital organization structure, service lines, staffing, expenses, physician organization structures, beds, and utilization.

The data exclude all children's hospitals. Data represent "staffed beds," beds regularly available (those set up and staffed for use) within the reporting period.

SOURCES: Aron, L., Honberg, R., Duckworth, K., Kimball, A., Edgar, E., Carolla, B., ... & Fitzpatrick, M. (2009). *Grading the States 2009: A report on America's health care system for adults with serious mental illness*. Arlington, VA: National Alliance on Mental Illness.

State Single Year of Age and Sex Resident Population Estimates: April 1, 2000 to July 1, 2009, U.S. Census Bureau.

Table 114. Number of inpatient private, not-for-profit, and for-profit psychiatric beds in U.S. hospitals, United States and by State, FY 2007

[Data are based on a survey of hospitals]

State	FY 2007 adult popula- tion (1,000s)	Beds in private, not- for-profit hospitals		Beds in private, for-profit hospitals		Beds in all private hospitals	
		Number	Number per 100,000 adults	Number	Number per 100,000 adults	Number	Number per 100,000 adults
Alabama	3,510	107	3.0	584	16.6	691	19.7
Alaska	500	49	9.8	74	14.8	123	24.6
Arizona	4,674	370	7.9	85	1.8	455	9.7
Arkansas	2,139	481	22.5	348	16.3	829	38.8
California	26,799	2,070	7.7	1,815	6.8	3,885	14.5
Colorado	3,647	300	8.2	140	3.8	440	12.1
Connecticut	2,666	810	30.4	0	0.0	810	30.4
Delaware	659	45	6.8	92	14.0	137	20.8
District of Columbia	472	131	27.7	104	22.0	235	49.8
Florida	14,196	1,235	8.7	1,261	8.9	2,496	17.6
Georgia	6,997	610	8.7	462	6.6	1,072	15.3
Hawaii	986	151	15.3	0	0.0	151	15.3
Idaho	1,090	70	6.4	237	21.7	307	28.2
Illinois	9,585	1,892	19.7	649	6.8	2,541	26.5
Indiana	4,754	886	18.6	386	8.1	1,272	26.8
Iowa	2,267	542	23.9	0	0.0	542	23.9
Kansas	2,076	337	16.2	0	0.0	337	16.2
Kentucky	3,245	695	21.4	463	14.3	1,158	35.7
Louisiana	3,273	188	5.7	675	20.6	863	26.4
Maine	1,037	359	34.6	0	0.0	359	34.6
Maryland	4,267	1,157	27.1	25	0.6	1,182	27.7
Massachusetts	5,051	1,300	25.7	598	11.8	1,898	37.6
Michigan	7,605	1,625	21.4	307	4.0	1,932	25.4
Minnesota	3,926	581	14.8	0	0.0	581	14.8
Mississippi	2,155	148	6.9	568	26.4	716	33.2
Missouri	4,475	983	22.0	702	15.7	1,685	37.7
Montana	737	92	12.5	0	0.0	92	12.5
Nebraska	1,323	259	19.6	0	0.0	259	19.6
Nevada	1,900	18	0.9	257	13.5	275	14.5
New Hampshire	1,018	182	17.9	84	8.2	266	26.1
New Jersey	6,566	1,747	26.6	210	3.2	1,957	29.8
New Mexico	1,464	10	0.7	302	20.6	312	21.3
New York	14,923	3,547	23.8	407	2.7	3,954	26.5
North Carolina	6,844	770	11.3	413	6.0	1,183	17.3
North Dakota	495	150	30.3	34	6.9	184	37.2
Ohio	8,755	1,560	17.8	206	2.4	1,766	20.2
Oklahoma	2,710	653	24.1	402	14.8	1,055	38.9
Oregon	2,867	349	12.2	0	0.0	349	12.2
Pennsylvania	9,705	2,785	28.7	971	10.0	3,756	38.7
Rhode Island	821	282	34.3	0	0.0	282	34.3

(continued)

Table 114. Number of inpatient private, not-for-profit, and for-profit psychiatric beds in U.S. hospitals, United States and by State, FY 2007 *(continued)*

State	FY 2007 adult popula- tion (1,000s)	Beds in private, not- for-profit hospitals		Beds in private, for-profit hospitals		Beds in all private hospitals	
		Number	Number per 100,000 adults	Number	Number per 100,000 adults	Number	Number per 100,000 adults
South Carolina	3,358	191	5.7	444	13.2	635	18.9
South Dakota	599	176	29.4	0	0.0	176	29.4
Tennessee	4,694	678	14.4	857	18.3	1,535	32.7
Texas	17,190	1,270	7.4	2,410	14.0	3,680	21.4
Utah	1,834	80	4.4	140	7.6	220	12.0
Vermont	489	137	28.0	0	0.0	137	28.0
Virginia	5,883	516	8.8	860	14.6	1,376	23.4
Washington	4,916	342	7.0	115	2.3	457	9.3
West Virginia	1,423	404	28.4	147	10.3	551	38.7
Wisconsin	4,277	813	19.0	0	0.0	813	19.0
Wyoming	397	0	0.0	86	21.7	86	21.7
United States	227,240	34,133	15.0	17,920	7.9	52,053	22.9

NOTES: The American Hospital Association Annual Survey is completed online by most U.S. hospitals and profiles more than 6,500 hospitals throughout the United States. The overall response rate for FY 2007 was 78 percent, but this rate varies among subgroups of hospitals depending on size, ownership, service, geographical location, and membership status. The survey covers hospital organization structure, service lines, staffing, expenses, physician organization structures, beds, and utilization.

The data exclude all children's hospitals. Data represent "staffed beds," beds regularly available (those set up and staffed for use) within the reporting period.

SOURCES: Aron, L., Honberg, R., Duckworth, K., Kimball, A., Edgar, E., Carolla, B., ... & Fitzpatrick, M. (2009). *Grading the States 2009: A report on America's health care system for adults with serious mental illness*. Arlington, VA: National Alliance on Mental Illness.

State Single Year of Age and Sex Resident Population Estimates: April 1, 2000 to July 1, 2009, U.S. Census Bureau.

Table 115. Number of inpatient Federal and non-Federal psychiatric beds in U.S. hospitals, United States and by State, FY 2007

[Data are based on a survey of hospitals]

State	FY 2007 adult popula- tion (1,000s)	Beds in all non- Federal hospitals ¹		Beds in Federal government hospitals		Beds in all (Federal and non-Federal) hospitals	
		Number	Number per 100,000 adults	Number	Number per 100,000 adults	Number	Number per 100,000 adults
Alabama	3,510	2,080	59.3	411	11.7	2,491	71.0
Alaska	500	215	43.0	0	0.0	215	43.0
Arizona	4,674	992	21.2	26	0.6	1,018	21.8
Arkansas	2,139	1,057	49.4	73	3.4	1,130	52.8
California	26,799	10,291	38.4	28	0.1	10,319	38.5
Colorado	3,647	1,353	37.1	8	0.2	1,361	37.3
Connecticut	2,666	1,612	60.5	0	0.0	1,612	60.5
Delaware	659	460	69.8	0	0.0	460	69.8
District of Columbia	472	1,052	222.7	0	0.0	1,052	222.7
Florida	14,196	4,460	31.4	31	0.2	4,491	31.6
Georgia	6,997	3,740	53.5	87	1.2	3,827	54.7
Hawaii	986	381	38.6	27	2.7	408	41.4
Idaho	1,090	585	53.7	0	0.0	585	53.7
Illinois	9,585	4,427	46.2	165	1.7	4,592	47.9
Indiana	4,754	2,645	55.6	0	0.0	2,645	55.6
Iowa	2,267	975	43.0	21	0.9	996	43.9
Kansas	2,076	1,157	55.7	125	6.0	1,282	61.8
Kentucky	3,245	1,725	53.2	19	0.6	1,744	53.7
Louisiana	3,273	2,022	61.8	82	2.5	2,104	64.3
Maine	1,037	511	49.3	16	1.5	527	50.8
Maryland	4,267	2,412	56.5	116	2.7	2,528	59.3
Massachusetts	5,051	3,042	60.2	732	14.5	3,774	74.7
Michigan	7,605	2,658	35.0	412	5.4	3,070	40.4
Minnesota	3,926	1,862	47.4	388	9.9	2,250	57.3
Mississippi	2,155	2,494	115.7	0	0.0	2,494	115.7
Missouri	4,475	3,099	69.3	106	2.4	3,205	71.6
Montana	737	306	41.5	0	0.0	306	41.5
Nebraska	1,323	975	73.7	0	0.0	975	73.7
Nevada	1,900	676	35.6	42	2.2	718	37.8
New Hampshire	1,018	490	48.1	0	0.0	490	48.1
New Jersey	6,566	5,769	87.9	0	0.0	5,769	87.9
New Mexico	1,464	679	46.4	30	2.0	709	48.4
New York	14,923	11,653	78.1	490	3.3	12,143	81.4
North Carolina	6,844	3,176	46.4	96	1.4	3,272	47.8
North Dakota	495	324	65.5	0	0.0	324	65.5
Ohio	8,755	3,320	37.9	370	4.2	3,690	42.1
Oklahoma	2,710	1,582	58.4	47	1.7	1,629	60.1
Oregon	2,867	1,119	39.0	0	0.0	1,119	39.0
Pennsylvania	9,705	5,970	61.5	175	1.8	6,145	63.3

(continued)

Table 115. Number of inpatient Federal and non-Federal psychiatric beds in U.S. hospitals, United States and by State, FY 2007 *(continued)*

State	FY 2007 adult population (1,000s)	Beds in all non-Federal hospitals ¹		Beds in Federal government hospitals		Beds in all (Federal and non-Federal) hospitals	
		Number	Number per 100,000 adults	Number	Number per 100,000 adults	Number	Number per 100,000 adults
Rhode Island	821	282	34.3	17	2.1	299	36.4
South Carolina	3,358	1,320	39.3	15	0.4	1,335	39.8
South Dakota	599	420	70.1	15	2.5	435	72.6
Tennessee	4,694	2,566	54.7	32	0.7	2,598	55.4
Texas	17,190	7,063	41.1	0	0.0	7,063	41.1
Utah	1,834	783	42.7	21	1.1	804	43.8
Vermont	489	191	39.0	10	2.0	201	41.1
Virginia	5,883	3,101	52.7	22	0.4	3,123	53.1
Washington	4,916	1,778	36.2	184	3.7	1,962	39.9
West Virginia	1,423	817	57.4	0	0.0	817	57.4
Wisconsin	4,277	2,038	47.6	18	0.4	2,056	48.1
Wyoming	397	283	71.3	203	51.1	486	122.4
United States	227,240	113,988	50.2	4,660	2.1	118,648	52.2

¹ “Beds in all non-Federal hospitals” is the sum of beds from Tables 113 and 114.

NOTES: The American Hospital Association Annual Survey is completed online by most U.S. hospitals and profiles more than 6,500 hospitals throughout the United States. The overall response rate for FY 2007 was 78 percent, but this rate varies among subgroups of hospitals depending on size, ownership, service, geographical location, and membership status. The survey covers hospital organization structure, service lines, staffing, expenses, physician organization structures, beds, and utilization.

The data exclude all children’s hospitals. Data represent “staffed beds,” beds regularly available (those set up and staffed for use) within the reporting period.

SOURCES: Aron, L., Honberg, R., Duckworth, K., Kimball, A., Edgar, E., Carolla, B., ... & Fitzpatrick, M. (2009). *Grading the States 2009: A report on America’s health care system for adults with serious mental illness*. Arlington, VA: National Alliance on Mental Illness.

State Single Year of Age and Sex Resident Population Estimates: April 1, 2000 to July 1, 2009, U.S. Census Bureau.

Table 116. Number of mental health organizations, by organization type, United States and by State, 2008

[Data are based on a survey of mental health treatment facilities]

State	State and county psychiatric hospitals	Private psychiatric hospitals	General hospitals ¹	VA hospitals	RTC for SEDs ²	RTC for adults	Outpatient clinics ³	Multi-setting organizations
Alabama	5	3	22	2	7	2	6	25
Alaska	1	1	3	1	5	1	19	7
Arizona	1	8	12	3	7	1	18	10
Arkansas	1	6	25	3	4	—/0	11	7
California	11	24	75	8	47	8	172	46
Colorado	2	5	10	2	16	2	18	12
Connecticut	4	4	22	1	9	—/0	41	25
Delaware	1	3	2	1	3	—/0	3	3
District of Columbia	1	2	7	1	2	—/0	14	1
Florida	5	12	51	7	24	3	59	37
Georgia	8	7	19	3	9	—/0	13	28
Hawaii	1	1	6	1	1	—/0	8	2
Idaho	2	2	7	1	5	1	9	3
Illinois	10	7	64	6	23	2	67	55
Indiana	6	10	35	3	21	—/0	12	20
Iowa	5	—/0	27	3	10	—/0	23	10
Kansas	3	3	16	2	3	—/0	32	2
Kentucky	4	9	21	2	16	1	12	10
Louisiana	7	6	39	3	4	—/0	42	—/0
Maine	2	2	7	1	4	—/0	11	12
Maryland	7	3	29	2	7	3	28	18
Massachusetts	4	9	45	3	33	—/0	38	38
Michigan	6	7	48	5	13	2	80	27
Minnesota	12	—/0	28	2	11	5	45	13
Mississippi	4	5	28	2	4	1	6	12
Missouri	10	6	34	4	13	2	20	13
Montana	1	1	4	1	2	—/0	1	4
Nebraska	2	—/0	9	1	7	1	10	8
Nevada	2	3	2	2	1	—/0	4	1
New Hampshire	1	1	8	1	8	1	6	12
New Jersey	11	6	42	1	8	—/0	43	20
New Mexico	1	1	12	1	8	—/0	18	7
New York	26	8	103	9	33	1	113	35
North Carolina	5	6	37	4	12	1	35	12
North Dakota	1	2	7	—/0	4	—/0	2	6
Ohio	7	6	71	5	19	1	75	44
Oklahoma	4	8	25	1	3	—/0	36	9
Oregon	2	—/0	13	3	9	1	48	13
Pennsylvania	7	14	87	8	18	8	63	47
Rhode Island	—/0	2	6	1	2	—/0	4	9
South Carolina	4	5	14	2	9	—/0	14	6
South Dakota	1	—/0	4	3	3	—/0	7	7

(continued)

Table 116. Number of mental health organizations, by organization type, United States and by State, 2008 *(continued)*

State	State and county psychiatric hospitals	Private psychiatric hospitals	General hospitals ¹	VA hospitals	RTC for SEDs ²	RTC for adults	Outpatient clinics ³	Multi-setting organizations
Tennessee	6	10	31	4	10	— /0	20	5
Texas	11	22	52	8	22	— /0	41	10
Utah	1	2	8	1	18	2	7	6
Vermont	1	1	4	1	7	3	3	8
Virginia	10	4	33	3	15	1	29	21
Washington	5	2	19	3	10	— /0	44	14
West Virginia	2	4	9	3	2	— /0	4	11
Wisconsin	6	4	33	3	13	1	79	9
Wyoming	1	1	4	2	7	— /0	11	2
United States⁴	241	258	1,319	143	551	55	1,524	762

—/0 Data are not available, or the estimate is zero.

¹ Only includes general hospitals with separate psychiatric units.

² Residential treatment centers for children with severe emotional disturbance.

³ Includes organizations formerly classified as partial care.

⁴ U.S. territories are excluded.

NOTE: The 2008 National Survey of Mental Health Treatment Facilities includes approximately 15,000 point-of-contact facilities nationwide representing approximately 4,400 mental health organizations nationwide.

SOURCE: 2008 National Survey of Mental Health Treatment Facilities, Substance Abuse and Mental Health Services Administration.

Table 117. Number of mental health organizations providing 24-hour hospital or residential care, by organization type, United States and by State, 2008

[Data are based on a survey of mental health treatment facilities]

State	State and county psychiatric hospitals	Private psychiatric hospitals	General hospitals ¹	VA hospitals	RTC for SEDs ²	RTCs for adults	Outpatient clinics ³	Multi-setting organizations
Alabama	5	3	22	1	7	2	—/0	21
Alaska	1	1	3	1	5	1	5	—/0
Arizona	1	8	12	3	7	1	3	7
Arkansas	1	6	24	3	4	—/0	—/0	3
California	11	24	73	7	46	8	8	33
Colorado	2	5	9	2	16	2	1	11
Connecticut	4	4	22	1	9	—/0	3	19
Delaware	1	3	2	1	3	—/0	—/0	3
District of Columbia	1	2	6	1	2	—/0	—/0	—/0
Florida	5	12	51	7	24	3	6	33
Georgia	8	7	18	3	9	—/0	—/0	24
Hawaii	1	1	6	1	—/0	—/0	—/0	2
Idaho	2	2	7	1	5	1	1	3
Illinois	10	7	61	6	22	2	5	40
Indiana	6	10	35	3	20	—/0	1	17
Iowa	5	—/0	26	3	10	—/0	—/0	7
Kansas	3	3	16	2	3	—/0	—/0	1
Kentucky	4	9	21	2	16	1	1	7
Louisiana	7	6	36	2	4	—/0	—/0	—/0
Maine	2	2	7	1	4	—/0	—/0	10
Maryland	7	3	29	2	7	3	3	8
Massachusetts	4	9	43	3	32	—/0	2	26
Michigan	6	7	48	3	13	2	2	17
Minnesota	12	—/0	28	2	10	5	—/0	12
Mississippi	4	5	28	2	4	1	—/0	7
Missouri	10	6	34	3	13	2	1	10
Montana	1	1	4	—/0	2	—/0	—/0	4
Nebraska	2	—/0	9	1	7	1	—/0	6
Nevada	2	2	2	1	1	—/0	—/0	1
New Hampshire	1	1	8	—/0	8	1	—/0	11
New Jersey	11	6	42	1	8	—/0	1	14
New Mexico	1	1	11	1	7	—/0	2	4
New York	26	8	100	8	33	1	4	22
North Carolina	5	6	37	4	12	1	3	8
North Dakota	1	2	7	—/0	4	—/0	—/0	5
Ohio	7	6	71	5	19	1	5	34
Oklahoma	4	8	25	1	3	—/0	2	4
Oregon	2	—/0	13	3	8	—/0	1	9
Pennsylvania	7	14	84	7	18	8	6	30
Rhode Island	—/0	2	6	1	2	—/0	—/0	6
South Carolina	4	5	14	2	9	—/0	—/0	2
South Dakota	1	—/0	4	3	3	—/0	—/0	4

(continued)

Table 117. Number of mental health organizations providing 24-hour hospital or residential care, by organization type, United States and by State, 2008 *(continued)*

State	State and county psychiatric hospitals	Private psychiatric hospitals	General hospitals ¹	VA hospitals	RTC for SEDs ²	RTC for adults	Outpatient clinics ³	Multi-setting organizations
Tennessee	6	10	31	3	10	— /0	3	3
Texas	11	21	52	7	20	— /0	2	6
Utah	1	2	8	1	18	2	— /0	5
Vermont	1	1	3	1	7	3	— /0	6
Virginia	10	4	31	3	15	1	2	10
Washington	5	2	18	3	8	— /0	3	11
West Virginia	2	4	9	3	2	— /0	— /0	9
Wisconsin	6	4	32	3	12	1	3	5
Wyoming	1	1	4	2	7	— /0	— /0	— /0
United States⁴	241	256	1,292	130	538	54	79	540

—/0 Data are not available, or the estimate is zero.

¹ Only includes general hospitals with separate psychiatric units.

² Residential treatment centers for children with severe emotional disturbance.

³ Includes organizations formerly classified as partial care.

⁴ U.S. territories are excluded.

NOTE: The 2008 National Survey of Mental Health Treatment Facilities includes approximately 15,000 point-of-contact facilities nationwide representing approximately 4,400 mental health organizations nationwide.

SOURCE: 2008 National Survey of Mental Health Treatment Facilities, Substance Abuse and Mental Health Services Administration.

Table 118. Number of mental health organizations providing less than 24-hour care, by organization type, United States and by State, 2008

[Data are based on a survey of mental health treatment facilities]

State	State and county psychiatric hospitals	Private psychiatric hospitals	General hospitals ¹	VA hospitals	RTC for SEDs ²	RTC for adults	Outpatient clinics ³	Multi-setting organizations
Alabama	—/0	2	4	2	1	—/0	6	24
Alaska	—/0	1	2	1	4	—/0	19	7
Arizona	—/0	4	6	3	3	—/0	18	9
Arkansas	—/0	5	9	2	3	—/0	11	6
California	7	15	42	7	26	—/0	172	42
Colorado	2	5	8	2	8	1	18	12
Connecticut	2	4	18	1	4	—/0	41	24
Delaware	—/0	3	2	1	1	—/0	3	2
District of Columbia	1	2	5	1	—/0	—/0	14	1
Florida	2	8	17	7	12	—/0	57	36
Georgia	4	6	10	3	3	—/0	13	26
Hawaii	—/0	1	1	1	1	—/0	8	2
Idaho	—/0	1	6	1	—/0	—/0	9	—/0
Illinois	1	6	42	5	12	1	67	54
Indiana	—/0	10	22	2	6	—/0	11	20
Iowa	—/0	—/0	14	3	4	—/0	23	10
Kansas	—/0	3	3	2	1	—/0	32	2
Kentucky	—/0	6	7	2	—/0	1	12	10
Louisiana	3	3	11	3	—/0	—/0	42	—/0
Maine	1	1	3	1	3	—/0	11	11
Maryland	—/0	3	24	1	4	—/0	28	17
Massachusetts	—/0	8	29	3	12	—/0	38	34
Michigan	—/0	5	21	5	2	1	80	27
Minnesota	1	—/0	17	2	5	1	45	13
Mississippi	1	1	12	2	4	1	6	12
Missouri	—/0	3	11	4	4	—/0	20	12
Montana	—/0	1	3	1	1	—/0	1	4
Nebraska	1	—/0	6	1	4	1	10	8
Nevada	1	2	2	2	1	—/0	4	1
New Hampshire	—/0	—/0	4	1	1	—/0	6	12
New Jersey	1	6	27	1	2	—/0	43	19
New Mexico	1	—/0	5	1	4	—/0	18	7
New York	22	4	57	8	15	—/0	113	35
North Carolina	2	3	10	3	3	—/0	35	9
North Dakota	1	1	7	—/0	—/0	—/0	2	6
Ohio	2	4	33	5	15	—/0	75	43
Oklahoma	2	3	10	1	—/0	—/0	35	8
Oregon	—/0	—/0	5	3	7	1	47	12
Pennsylvania	—/0	8	44	8	8	—/0	62	46
Rhode Island	—/0	2	2	1	1	—/0	4	9
South Carolina	1	3	6	2	2	—/0	14	6
South Dakota	—/0	—/0	3	3	2	—/0	7	7

(continued)

Table 118. Number of mental health organizations providing less than 24-hour care, by organization type, United States and by State, 2008 *(continued)*

State	State and county psychiatric hospitals	Private psychiatric hospitals	General hospitals ¹	VA hospitals	RTC for SEDs ²	RTC for adults	Outpatient clinics ³	Multi-setting organizations
Tennessee	2	8	11	4	2	— /0	20	5
Texas	1	19	26	7	4	— /0	41	10
Utah	— /0	— /0	4	1	4	1	7	6
Vermont	— /0	1	3	1	2	— /0	3	8
Virginia	1	4	19	2	1	— /0	29	20
Washington	2	1	8	3	5	— /0	44	14
West Virginia	— /0	2	5	3	1	— /0	4	11
Wisconsin	3	4	18	3	8	— /0	79	9
Wyoming	1	1	3	2	3	— /0	11	2
United States⁴	69	183	667	134	219	9	1,518	730

—/0 Data are not available, or the estimate is zero.

¹ Only includes general hospitals with separate psychiatric units.

² Residential treatment centers for children with severe emotional disturbance.

³ Includes organizations formerly classified as partial care.

⁴ U.S. territories are excluded.

NOTE: The 2008 National Survey of Mental Health Treatment Facilities includes approximately 15,000 point-of-contact facilities nationwide representing approximately 4,400 mental health organizations nationwide.

SOURCE: 2008 National Survey of Mental Health Treatment Facilities, Substance Abuse and Mental Health Services Administration.

7. TABLES

7.4 State-Level Estimates

7.4.1 *Populations by State: People's Mental Health*

Mental Health of Adults

Mental Health of Children

Suicide

Special Populations

7.4.2 *Populations by State: Providers and Settings for Mental Health Services*

Mental Health of Adults

Mental Health of Children

Mental Health Service Capacity

7.4.3 *Populations by State: Payers and Payment Mechanisms*

Revenues and Expenditures by Public Funding Source
Tables 119–132

Table 119. Source of revenue for State mental health agencies, by State, FY 2001, FY 2005, and FY 2008

[Data are based on reports from State mental health agencies]

State	Total (millions of dollars)			State general funds (percent of total)			Medicaid (percent of total)			Medicare/block grant (percent of total)		
	FY 2001	FY 2005	FY 2008	FY 2001	FY 2005	FY 2008	FY 2001	FY 2005	FY 2008	FY 2001	FY 2005	FY 2008
Alabama	\$253	\$274	\$369	52.4	57.7	52.8	37.8	33.6	34.7	9.8	8.7	12.5
Alaska ¹	51	174	184	63.7	18.1	21.2	18.6	77.6	75.6	17.7	4.3	3.1
Arizona	472	867	1,127	49.3	15.7	16.7	37.0	77.6	78.1	13.7	6.7	5.2
Arkansas	76	99	115	69.5	61.3	60.1	20.4	26.1	26.9	10.1	12.6	13.0
California	3,148	4,270	5,504	37.7	38.2	43.4	44.1	42.4	38.4	18.2	19.4	18.2
Colorado	283	344	401	35.8	42.6	33.3	57.8	51.3	61.3	6.5	6.1	5.4
Connecticut	440	549	659	92.4	91.1	93.0	3.0	4.0	2.1	4.5	4.9	4.8
Delaware	74	75	97	76.3	79.5	78.3	15.3	19.1	16.3	8.4	1.4	5.4
District of Columbia	227	234	225	75.9	82.6	88.8	11.7	14.0	8.3	12.4	3.4	2.8
Florida	578	647	769	69.2	71.8	77.3	16.0	18.5	16.7	14.8	9.7	6.0
Georgia	381	444	472	91.2	80.5	83.6	0.7	12.5	—	8.0	7.1	16.4
Hawaii	214	193	260	95.6	95.2	88.9	1.7	2.0	8.3	2.7	2.8	2.8
Idaho	61	54	73	46.9	64.2	74.2	16.9	16.1	10.9	36.2	19.7	14.9
Illinois	790	1,022	1,110	75.1	57.9	56.8	22.6	39.3	40.0	2.3	2.8	3.3
Indiana	412	519	569	40.5	20.3	32.4	34.4	75.9	63.9	25.1	3.9	3.8
Iowa	152	236	374	—	32.6	15.3	—	41.2	54.4	—	26.2	30.3
Kansas	162	254	322	36.4	36.3	36.5	54.8	61.4	62.6	8.9	2.3	0.9
Kentucky	197	208	230	56.0	61.1	59.1	34.8	28.8	30.0	9.2	10.1	11.0
Louisiana	201	259	325	36.4	42.8	46.5	44.1	40.9	31.0	19.5	16.3	22.5
Maine ¹	138	180	448	39.7	27.3	11.5	57.7	68.7	87.8	2.6	4.0	0.7
Maryland	678	777	899	73.8	75.1	68.3	24.3	23.3	29.7	1.9	1.6	2.1
Massachusetts	682	686	792	83.5	81.7	81.6	14.3	15.7	15.3	2.3	2.6	3.1
Michigan	844	974	1,358	51.8	34.2	28.0	43.6	61.7	64.2	4.6	4.0	7.9
Minnesota	518	669	833	50.7	41.3	45.1	34.7	45.4	44.5	14.7	13.3	10.4
Mississippi	247	306	320	49.9	42.4	47.2	43.6	51.3	43.1	6.6	6.4	9.7
Missouri	336	414	482	68.4	48.4	52.1	26.2	45.7	41.9	5.4	5.9	6.0
Montana	112	125	147	30.7	30.9	34.4	66.4	68.1	63.3	2.9	1.1	2.3
Nebraska	87	106	119	68.2	86.0	71.7	15.3	8.4	14.3	16.5	5.7	14.0
Nevada	120	151	211	30.2	69.7	73.0	62.8	15.1	13.9	7.0	15.2	13.1

(continued)

Table 119. Source of revenue for State mental health agencies, by State, FY 2001, FY 2005, and FY 2008 (continued)

State	Total (millions of dollars)			State general funds (percent of total)			Medicaid (percent of total)			Medicare/block grant (percent of total)		
	FY 2001	FY 2005	FY 2008	FY 2001	FY 2005	FY 2008	FY 2001	FY 2005	FY 2008	FY 2001	FY 2005	FY 2008
New Hampshire	\$140	\$155	\$178	31.2	28.9	7.6	58.6	58.8	79.3	10.2	12.3	13.2
New Jersey	763	1,216	1,707	78.7	64.5	60.5	13.3	18.9	26.7	8.0	16.6	12.8
New Mexico ¹	59	46	190	71.9	82.8	35.6	21.4	9.6	62.2	6.7	7.5	2.2
New York	3,332	3,978	4,493	21.3	28.2	27.8	60.0	55.6	54.3	18.7	16.2	17.9
North Carolina	440	1,028	1,808	74.0	30.8	20.3	12.1	60.0	73.0	13.8	9.2	6.6
North Dakota	50	47	48	54.7	47.4	45.8	24.3	21.9	20.2	21.1	30.7	33.9
Ohio	692	758	856	60.3	53.9	37.4	32.9	40.9	27.1	6.8	5.2	35.5
Oklahoma	136	157	199	84.7	76.8	77.9	3.9	12.4	13.0	11.3	10.7	9.1
Oregon ¹	202	435	473	36.8	28.2	34.7	47.1	68.9	62.7	16.1	2.9	2.7
Pennsylvania	1,860	2,541	3,396	65.3	63.5	28.2	25.2	27.9	67.4	9.6	8.5	4.4
Rhode Island	92	102	117	13.4	13.3	12.4	70.8	84.3	86.0	15.8	2.4	1.6
South Carolina	299	285	288	40.6	37.5	51.8	48.8	54.5	37.3	10.6	7.9	10.9
South Dakota	46	55	68	16.3	57.8	56.3	61.9	34.9	34.5	21.8	7.3	9.3
Tennessee	395	522	609	21.5	27.6	27.2	73.6	68.1	69.1	5.0	4.3	3.7
Texas	797	832	874	61.6	63.0	69.1	27.2	22.4	17.3	11.2	14.7	13.6
Utah	159	160	178	36.3	23.1	22.8	43.1	66.8	72.5	20.6	10.1	4.7
Vermont	80	109	139	7.8	18.0	16.1	87.5	78.6	81.5	4.7	3.4	2.4
Virginia	467	532	710	67.1	64.1	60.8	25.7	28.3	33.0	7.2	7.6	6.2
Washington	526	585	755	10.0	9.2	31.7	85.2	86.3	61.8	4.7	4.4	6.5
West Virginia	87	119	144	43.3	42.1	46.4	48.9	37.1	47.9	7.7	20.8	5.7
Wisconsin	405	580	589	60.4	52.0	46.8	31.3	23.4	27.0	8.3	24.6	26.3
Wyoming	30	50	75	79.7	83.4	83.4	15.8	14.9	12.7	4.5	1.7	4.0

—Data not available.

¹ Series may contain substantial changes due to the consolidation and/or restructuring of State agencies and funding streams. See NRI Inc. Revenues and Expenditures Study at <http://www.nri-inc.org/projects/Profiles/RevenuesExpenditures.cfm> for more details.

NOTES: NRI's Revenues and Expenditures Study describes the major expenditures and funding sources of the State mental health agencies. NRI has conducted this survey every year since 1981.

The estimates in Tables 119 and 120 correspond to the totals in Table 86.

SOURCE: Revenues and Expenditures Study, 2011, NRI Inc.

Table 120. Expenditures and categories of expenditures controlled by State mental health agencies, by State, FY 2001, FY 2005, and FY 2008

[Data are based on reports from State mental health agencies]

State	Total (millions of dollars)			State psychiatric hospital— inpatient (percent of total)			Community mental health (percent of total)			State mental health agency central office ¹ (percent of total)		
	FY 2001	FY 2005	FY 2008	FY 2001	FY 2005	FY 2008	FY 2001	FY 2005	FY 2008	FY 2001	FY 2005	FY 2008
Alabama	\$253	\$274	\$369	40.9	45.8	45.2	56.3	51.4	51.8	2.8	2.8	3.0
Alaska ²	51	174	184	33.3	11.1	14.7	60.6	86.1	83.4	6.1	2.8	1.9
Arizona	472	867	1,127	9.8	7.2	6.9	87.9	91.2	90.9	2.2	1.5	2.2
Arkansas	76	99	115	30.7	28.6	34.4	65.0	64.4	62.0	4.3	7.0	3.5
California	3,148	4,270	5,504	18.1	17.9	21.3	80.9	81.4	77.5	1.0	0.7	1.2
Colorado	283	344	401	29.6	26.2	26.7	69.9	73.4	72.7	0.5	0.4	0.6
Connecticut	440	549	659	30.4	30.5	32.1	60.8	59.7	60.0	8.8	9.8	7.9
Delaware	74	75	97	64.5	52.2	47.6	33.5	45.7	49.9	2.0	2.2	2.4
District of Columbia	227	234	225	45.6	34.3	44.3	54.4	56.6	46.8	—	9.1	8.9
Florida	578	647	769	43.6	44.4	47.7	54.7	53.8	50.5	1.8	1.9	1.8
Georgia	381	444	472	45.6	45.5	43.5	48.6	54.5	54.6	5.8	0.0	2.0
Hawaii	214	193	260	15.8	27.4	22.4	71.4	68.1	72.4	12.8	4.5	5.1
Idaho	61	54	73	36.4	42.6	41.0	61.8	57.4	48.6	1.8	0.0	10.5
Illinois	790	1,022	1,110	38.8	28.6	29.3	59.0	69.6	68.9	2.2	1.8	1.8
Indiana	412	519	569	35.7	32.9	33.1	63.4	66.5	65.3	0.9	0.6	1.5
Iowa	152	236	374	23.7	11.6	9.5	75.9	86.7	89.3	0.4	1.7	1.1
Kansas	162	254	322	35.5	27.1	27.5	63.0	72.9	68.3	1.5	0.0	4.1
Kentucky	197	208	230	51.2	49.9	50.6	47.0	45.7	43.7	1.9	4.4	5.7
Louisiana	201	259	325	57.9	52.2	56.1	40.2	41.1	39.8	2.0	6.7	4.2
Maine ²	138	180	448	30.1	28.8	12.5	65.1	—	84.6	4.8	2.3	3.0
Maryland	678	777	899	30.0	27.8	27.2	65.6	67.8	69.2	4.4	4.4	3.6
Massachusetts	682	686	792	18.0	16.4	16.8	78.9	80.6	80.3	3.1	3.0	2.9
Michigan	844	974	1,358	35.0	22.3	16.7	64.0	76.9	82.8	1.1	0.7	0.5
Minnesota	518	669	833	29.9	26.1	24.3	69.5	73.3	75.1	0.6	0.5	0.7
Mississippi	247	306	320	59.6	54.7	47.4	39.2	44.3	51.6	1.2	1.0	1.0
Missouri	336	414	482	50.4	46.8	49.1	45.0	50.6	48.3	4.6	2.6	2.6
Montana	112	125	147	17.4	17.2	18.4	79.2	79.7	79.1	3.5	3.1	2.5
Nebraska	87	106	119	63.4	59.3	39.2	34.7	37.7	59.8	1.9	3.0	1.0
Nevada	120	151	211	36.2	23.9	32.6	62.9	74.0	65.2	0.9	2.2	2.3

(continued)

Table 120. Expenditures and categories of expenditures controlled by State mental health agencies, by State, FY 2001, FY 2005, and FY 2008 (*continued*)

State	Total (millions of dollars)			State psychiatric hospital— inpatient (percent of total)			Community mental health (percent of total)			State mental health agency central office ¹ (percent of total)		
	FY 2001	FY 2005	FY 2008	FY 2001	FY 2005	FY 2008	FY 2001	FY 2005	FY 2008	FY 2001	FY 2005	FY 2008
New Hampshire	\$140	\$155	\$178	29.6	30.8	30.0	68.6	66.7	67.8	1.8	2.5	2.2
New Jersey	763	1,216	1,707	38.9	35.5	29.4	59.3	63.3	69.3	1.7	1.2	1.3
New Mexico ²	59	46	190	37.1	46.8	11.5	62.3	53.2	88.3	0.6	0.0	0.2
New York	3,332	3,978	4,493	29.8	27.0	26.9	66.3	68.7	68.5	3.9	4.3	4.6
North Carolina	440	1,028	1,808	68.3	25.4	17.9	31.7	73.0	81.5	—	1.6	0.6
North Dakota	50	47	48	44.9	40.1	22.7	53.7	59.9	77.2	1.4	0.1	0.1
Ohio	692	758	856	28.0	26.0	26.7	67.8	70.1	69.6	4.2	3.9	3.7
Oklahoma	136	157	199	29.9	28.8	28.0	64.3	64.8	65.8	5.8	6.4	6.2
Oregon ²	202	435	473	40.1	23.9	27.0	57.4	73.3	70.9	2.5	2.9	2.1
Pennsylvania	1,860	2,541	3,396	21.5	19.4	15.1	77.8	80.0	84.6	0.7	0.7	0.3
Rhode Island	92	102	117	25.6	25.6	28.1	72.1	72.7	70.2	2.3	1.7	1.6
South Carolina	299	285	288	36.3	28.9	30.8	58.2	65.8	62.8	5.5	5.3	6.3
South Dakota	46	55	68	67.0	63.3	63.1	31.3	36.7	34.6	1.7	0.0	2.3
Tennessee	395	522	609	32.1	31.4	29.0	65.2	66.1	68.0	2.7	2.5	3.0
Texas	797	832	874	38.4	37.9	40.0	58.0	60.5	58.3	3.6	1.6	1.7
Utah	159	160	178	25.9	28.6	30.4	73.4	70.7	68.7	0.7	0.7	0.8
Vermont	80	109	139	12.0	14.0	15.5	85.2	83.1	81.0	2.8	2.8	3.5
Virginia	467	532	710	59.5	57.9	46.8	34.9	42.1	50.3	5.6	0.0	2.9
Washington	526	585	755	31.9	30.3	32.0	65.8	67.5	66.1	2.3	2.2	1.9
West Virginia	87	119	144	42.4	40.4	32.8	55.7	59.2	67.1	2.0	0.4	0.1
Wisconsin	405	580	589	27.1	27.8	33.3	72.4	72.0	66.5	0.5	0.2	0.2
Wyoming	30	50	75	43.4	29.9	29.4	53.8	68.5	69.0	2.8	1.6	1.7

—Data not available.

¹ Central office includes administration, research, training, prevention, and other central and regional office expenditures.

² Series may contain substantial changes due to the consolidation and/or restructuring of State agencies and funding streams. See NRI Inc. Revenues and Expenditures Study at <http://www.nri-inc.org/projects/Profiles/RevenuesExpenditures.cfm> for more details.

NOTES: NRI's Revenues and Expenditures Study describes the major expenditures and funding sources of the State mental health agencies. NRI has conducted this survey every year since 1981.

The estimates in Table 119 and 120 correspond to the totals in Table 87.

SOURCE: Revenues and Expenditures Study, 2011, NRI Inc.

Table 121. State mental health agencies experiencing budget cuts, by region, FY 2009, FY 2010, and FY 2011

[Data are based on reports from State mental health agencies]

Region	Total percentage cut ¹			Total dollars cut ² (millions of dollars)		
	FY 2009	FY 2010	FY 2011	FY 2009	FY 2010	FY 2011
New England ³	2.9	1.1	2.0	\$56.6	\$20.3	\$33.8
Middle Atlantic ⁴	2.4	2.8	2.6	149.4	238.0	181.8
East North Central ⁵	4.1	6.1	4.1	109.5	109.6	93.4
West North Central ⁶	2.4	4.7	2.4	66.8	33.8	13.6
South Atlantic ⁷	5.9	7.4	7.0	169.6	240.3	215.3
East South Central ⁸	3.1	2.1	1.9	35.4	4.8	8.5
West South Central ⁹	2.9	5.7	1.8	10.0	40.8	17.0
Mountain ¹⁰	2.8	7.1	6.9	58.5	72.1	37.5
Pacific ¹¹	2.0	4.5	6.3	8.5	34.0	44.2
United States	4.0	5.3	4.9	\$664.3	\$793.9	\$645.2

¹ Total percentage cut in State budget expressed at the regional level.

² Total dollars cut expressed at the regional level.

³ Of the six States from the New England region, five responded to surveys in 2009, 2010, and 2011.

⁴ Of the three States from the Middle Atlantic region, three responded to surveys in 2009, 2010, and 2011.

⁵ Of the five States from the East North Central region, five responded to surveys in 2009, 2010, and 2011.

⁶ Of the seven States from the West North Central region, six responded to surveys in 2009 and five responded to surveys in 2010 and 2011.

⁷ Of the nine States from the South Atlantic region, eight responded to surveys in 2009 and seven responded to surveys in 2010 and 2011.

⁸ Of the four States from the East South Central region, four responded to surveys in 2009 and three responded to surveys in 2010 and 2011.

⁹ Of the four States from the West South Central region, four responded to surveys in 2009, 2010, and 2011.

¹⁰ Of the eight States from the Mountain region, eight responded to surveys in 2009, 2010, and 2011.

¹¹ Of the five States from the Pacific region, two responded to surveys in 2009, 2010, and 2011.

NOTES: The State Mental Health Agency (SMHA) Budget Reductions Survey is conducted by the National Association of State Mental Health Program Directors (NASMHPD) and NRI Inc. The survey is a semiannual series on the impact of State budget shortages on SMHA systems. The above estimates are from the summer 2010 survey.

Regions are based on the U.S. Census Bureau's regional designations: New England (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont), Middle Atlantic (New Jersey, New York, Pennsylvania), East North Central (Illinois, Indiana, Michigan, Ohio, Wisconsin), West North Central (Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota), South Atlantic (Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia), East South Central (Alabama, Kentucky, Mississippi, Tennessee), West South Central (Arkansas, Louisiana, Oklahoma, Texas), Mountain (Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming), and Pacific (Alaska, California, Hawaii, Oregon, Washington).

SOURCE: State Mental Health Agency Budget Reductions Survey, 2011, NRI Inc.

Table 122. Number of State psychiatric hospital residents, hospitals, and hospital beds closed or to be closed, by State, 2009 and 2010

[Data are based on reports from State mental health agencies]

State	State psychiatric hospital residents, 2010	State psychiatric hospitals, 2010 ^{1,2}	State psychiatric hospital beds closed, 2009–2010	Plan to close or consider closing State psychiatric hospital beds in the future, 2010
Alabama	1,130	6	0	Y
Alaska	72	1	0	N
Arizona	252	1	16	N
Arkansas	203	1	0	N
California	5,153	5	0	N
Colorado	1,314	2	59	N
Connecticut	711	3	40	N
Delaware	273	1	0	N
District of Columbia	407	1	100	Y
Florida	3,242	7	27	N
Georgia	1,133	7	191	Y
Hawaii	179	1	0	N
Idaho	161	2	0	N
Illinois	1,444	4	0	Y
Indiana	962	6	0	Y
Iowa	163	4	20	N
Kansas	711	3	0	N
Kentucky	440	3	0	N
Louisiana	952	4	42	Y
Maine	146	2	0	N
Maryland	1,146	7	201	N
Massachusetts	698	4	152	N
Michigan	545	5	0	N
Minnesota	327	10	0	N
Mississippi	1,137	5	0	N
Missouri	1,340	9	250	Y
Montana	189	1	0	N
Nebraska	304	2	11	N
Nevada	310	3	28	Y
New Hampshire	187	1	8	N
New Jersey	2,060	5	87	Y
New Mexico	159	1	0	N
New York	5,236	25	450	Y
North Carolina	690	4	80	N
North Dakota	179	1	0	N
Ohio	1,048	6	0	N
Oklahoma	334	3	28	N
Oregon	732	2	0	Y
Pennsylvania	1,959	7	60	Y
Rhode Island ³	132	03	0	N
South Carolina	485	4	0	N

(continued)

Table 122. Number of State psychiatric hospital residents, hospitals, and hospital beds closed or to be closed, by State, 2009 and 2010 *(continued)*

State	State psychiatric hospital residents, 2010	State psychiatric hospitals, 2010 ^{1,2}	State psychiatric hospital beds closed, 2009–2010	Plan to close or consider closing State psychiatric hospital beds in the future, 2010
South Dakota	234	1	0	N
Tennessee	813	5	247	N
Texas	2,154	9	0	Y
Utah	320	1	0	N
Vermont	50	1	0	Y
Virginia	1,476	10	16	Y
Washington	1,408	3	30	Y
West Virginia	289	2	0	N
Wisconsin	470	2	55	Y
Wyoming	118	1	0	N
United States	45,577	204	2,198	17

¹ Four States (Connecticut, Florida, Massachusetts, and Missouri) reported closing one State psychiatric hospital in the past year, whereas one State (Maryland) reported closing two State psychiatric hospitals in the past year.

² Five States (Georgia, Illinois, Indiana, New Jersey, and Pennsylvania) reported that plans are in place, or are under consideration, for closing State psychiatric hospitals at some point in the future.

³ Rhode Island has State-operated psychiatric inpatient beds that are part of a general hospital.

NOTE: The State Mental Health Agency (SMHA) Budget Reductions Survey is conducted by the National Association of State Mental Health Program Directors (NASMHPD) and NRI Inc. The survey is a semiannual series on the impact of State budget shortages on SMHA systems. The above estimates are from the summer 2010 survey.

SOURCES: State Mental Health Agency Budget Reductions Survey, 2011, NRI Inc.

Uniform Reporting System, 2009, Substance Abuse and Mental Health Services Administration.

Table 123. Medicaid fee-for-service (FFS) mental health (MH) beneficiaries and expenditures, by State for 13 States, 2003

[Data are based on Medicaid claims]

State	FFS MH beneficiaries ¹ (number)	FFS expenditures ² for MH beneficiaries (dollars)	FFS expenditures per FFS MH beneficiary (dollars)
Arkansas	76,974	\$744,792,675	\$9,676
Georgia	145,204	1,196,211,970	8,238
Idaho	28,639	331,251,194	11,566
Illinois	212,004	2,644,269,525	12,473
Indiana	120,057	1,324,755,530	11,034
Kansas	47,274	528,719,744	11,184
Maine	62,726	1,051,008,650	16,756
Montana	20,244	199,810,477	9,870
North Carolina	182,439	1,984,070,793	10,875
South Carolina	95,755	775,816,882	8,102
Texas	265,419	2,618,025,520	9,864
Vermont	26,452	220,779,874	8,346
Wyoming	9,667	100,916,045	10,439

¹ Fee-for-service (FFS) beneficiaries include beneficiaries enrolled in Medicaid, but not in comprehensive managed care or a behavioral health managed care plan, for at least 1 month during the year. FFS mental health (MH) beneficiaries include FFS beneficiaries who, during the year, (1) had at least one claim on which an MH disorder was the primary diagnosis or (2) received a clearly identifiable MH service.

² Expenditures are claims-based Medicaid payments, including both Federal and State shares.

NOTES: This study identified Medicaid beneficiaries using MH or substance abuse services in FFS plans in 13 States in 2003 ($n = 1,380,190$) and examined their use of medical services.

Estimates are limited to MH care. Table 78 aggregates the above States and shows more detail on beneficiaries and expenditures. For more information on State-level Medicaid estimates, see the source below. The study analyzed Medicaid Analytic eXtract (MAX) files of all 50 States and the District of Columbia for the year 2003. These tables display data for 13 States that were selected after examining the completeness and quality of their MAX data. "Data completeness" refers to the extent to which FFS data were available (States with a greater proportion of beneficiaries in FFS are considered to have more complete data than States with a greater proportion of beneficiaries in managed care). "Data quality" refers to technical problems, such as missing diagnosis codes, missing eligibility data, duplicate records, and missing claims. Each State's data were assigned a score from 1 to 4; scores were developed specifically for purposes of the analysis presented in *Mental Health and Substance Abuse Services in Medicaid, 2003: Charts and State Tables*, strictly to assist readers in understanding how to interpret the data presented, and were not intended to reflect the quality of the States' overall MAX data. If beneficiaries had multiple diagnoses on different claims during the year, they are included in the category that represents the most frequent diagnosis.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental health and substance abuse services in Medicaid, 2003: Charts and state tables* (DHHS Publication No. SMA 10-4608). Rockville, MD: Center for Mental Health Services, SAMHSA.

Table 124. Number and percentage of Medicaid fee-for-service (FFS) mental health (MH) beneficiaries, by diagnostic categories, by State for 13 States, 2003

[Data are based on Medicaid claims]

State	FFS MH beneficiaries ¹ (number)	Total MH conditions		Schizophrenia ²		Major depression and affective psychoses ²		Neurotic and other depressive disorders ²		Stress and adjustment reactions ²		Attention deficit hyperactivity disorder ²		All other diagnoses ³	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Arkansas	76,974	76,974	100.0	5,805	7.5	11,708	15.2	15,691	20.4	8,619	11.2	18,349	23.8	16,802	21.8
Georgia	145,204	145,204	100.0	12,362	8.5	22,947	15.8	28,200	19.4	16,351	11.3	38,017	26.2	27,327	18.8
Idaho	28,639	28,639	100.0	1,935	6.8	6,676	23.3	5,821	20.3	5,092	17.8	4,087	14.3	5,028	17.6
Illinois	212,004	212,004	100.0	29,469	13.9	48,484	22.9	52,734	24.9	13,302	6.3	28,997	13.7	39,017	18.4
Indiana	120,057	120,057	100.0	11,039	9.2	26,825	22.3	26,439	22.0	16,084	13.4	18,350	15.3	21,320	17.8
Kansas	47,274	47,274	100.0	4,853	10.3	10,245	21.7	8,358	17.7	6,124	13.0	6,728	14.2	10,966	23.2
Maine	62,726	62,726	100.0	2,996	4.8	12,996	20.7	19,284	30.7	11,425	18.2	6,366	10.1	9,659	15.4
Montana	20,244	20,244	100.0	1,355	6.7	5,537	27.4	4,544	22.4	2,549	12.6	2,020	10.0	4,239	20.9
North Carolina	182,439	182,439	100.0	14,795	8.1	31,777	17.4	38,807	21.3	20,735	11.4	33,188	18.2	43,137	23.6
South Carolina	95,755	95,755	100.0	8,430	8.8	12,016	12.5	20,299	21.2	11,008	11.5	24,590	25.7	19,412	20.3
Texas	265,419	265,419	100.0	22,128	8.3	60,741	22.9	51,287	19.3	36,114	13.6	49,089	18.5	46,060	17.4
Vermont	26,452	26,452	100.0	502	1.9	2,921	11.0	6,978	26.4	9,534	36.0	2,749	10.4	3,768	14.2
Wyoming	9,667	9,667	100.0	447	4.6	1,796	18.6	2,239	23.2	1,680	17.4	1,563	16.2	1,942	20.1

¹ Fee-for-service (FFS) beneficiaries include beneficiaries enrolled in Medicaid, but not in comprehensive managed care or a behavioral health managed care plan, for at least 1 month during the year. FFS mental health (MH) beneficiaries include FFS beneficiaries who, during the year, had at least one claim on which one of the MH disorders shown in this table was the primary diagnosis or who received a clearly identifiable MH service during the year.

² Schizophrenia (ICD-9-CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders. Major depression and affective psychoses (ICD-9-CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders. Neurotic and other depressive disorders (ICD-9-CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders. Stress and adjustment reactions (ICD-9-CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress, depressive reaction, separation disorders, and conduct disturbance. Attention deficit hyperactivity disorder (ICD-9-CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

³ All other diagnoses include other psychoses, childhood psychoses, personality disorders, other mental disorders, special symptoms or syndromes, conduct disorders, emotional disturbances, mental disorders associated with childbirth, and individuals with no diagnosis. Across the 13 States, 218 people have no diagnosis.

Table 124 notes (continued)

NOTES: This study identified Medicaid beneficiaries using MH or substance abuse services in FFS plans in 13 States in 2003 ($n = 1,380,190$) and examined their use of medical services.

Table 79 aggregates the above States and shows more detail on diagnostic categories. The five diagnostic categories included in the current table are those with the most beneficiaries in Table 79. These tables display data for 13 States that were selected after examining the completeness and quality of their Medicaid Analytic eXtract (MAX) data. “Data completeness” refers to the extent to which FFS data were available (States with a greater proportion of beneficiaries in FFS are considered to have more complete data than States with a greater proportion of beneficiaries in managed care). “Data quality” refers to technical problems, such as missing diagnosis codes, missing eligibility data, duplicate records, and missing claims. Each State’s data were assigned a score from 1 to 4; scores were developed specifically for purposes of the analysis presented in *Mental Health and Substance Abuse Services in Medicaid, 2003: Charts and State Tables*, strictly to assist readers in understanding how to interpret the data presented, and were not intended to reflect the quality of the States’ overall MAX data. If beneficiaries had multiple diagnoses on different claims during the year, they are included in the category that represents the most frequent diagnosis.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental health and substance abuse services in Medicaid, 2003: Charts and state tables* (DHHS Publication No. SMA 10-4608). Rockville, MD: Center for Mental Health Services, SAMHSA.

Table 125. Number and percentage of Medicaid fee-for-service (FFS) mental health (MH) and substance abuse (SA) beneficiaries using prescription psychotropic medications, by State for 13 States, 2003

[Data are based on Medicaid claims]

State	Total FFS beneficiaries ¹ with any psychotropic ² medication use		FFS MH beneficiaries with any psychotropic medication use		FFS SA beneficiaries with any psychotropic medication use		All other FFS beneficiaries with any psychotropic medication use	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Arkansas	112,624	16.4	53,320	69.3	676	46.7	58,628	9.7
Georgia	268,630	16.2	105,078	72.4	4,197	48.3	159,355	10.6
Idaho	37,557	17.8	19,748	69.0	344	48.5	17,465	9.6
Illinois	301,130	14.5	152,415	71.9	8,711	43.6	140,004	7.6
Indiana	174,604	23.0	88,499	73.7	4,033	54.7	82,072	13.0
Kansas	60,943	20.6	32,565	68.9	1,307	38.7	27,071	11.0
Maine	88,708	30.2	46,602	74.3	4,127	55.9	37,979	17.0
Montana	24,936	22.4	13,035	64.4	659	38.3	11,242	12.6
North Carolina	317,068	21.4	133,357	73.1	7,969	49.6	175,742	13.7
South Carolina	163,027	16.4	66,883	69.8	2,738	42.5	93,406	10.5
Texas	401,424	13.3	177,016	66.7	3,299	34.2	221,109	8.1
Vermont	38,660	24.1	15,627	59.1	1,956	51.0	21,077	16.2
Wyoming	12,482	16.4	6,501	67.2	264	39.3	5,717	8.7

¹ Fee-for-service (FFS) beneficiaries include beneficiaries enrolled in Medicaid, but not in comprehensive managed care or a behavioral health managed care plan, for at least 1 month during the year. FFS mental health (MH) beneficiaries include FFS beneficiaries who, during the year, (1) had at least one claim on which an MH disorder was the primary diagnosis or (2) received a clearly identifiable MH service. FFS substance abuse (SA) beneficiaries include FFS beneficiaries who, during the year, had at least one claim on which an SA disorder was the primary diagnosis. If beneficiaries had at least one claim on which an MH disorder was the primary diagnosis and at least one claim on which an SA disorder was the primary diagnosis, they are included in the category that represents the diagnosis most frequently listed during the year.

² Psychotropic medications include antidepressants, antipsychotics, antianxiety agents, and stimulants.

Table 125 notes (continued)

NOTES: This study identified Medicaid beneficiaries using MH or SA services in FFS plans in 13 States in 2003 ($n = 1,380,190$) and examined their use of medical services.

Table 80 aggregates the above States and shows more detail on prescription psychotropic medication use.

The above table displays data for 13 States that were selected after examining the completeness and quality of their Medicaid Analytic eXtract (MAX) data. “Data completeness” refers to the extent to which FFS data were available (States with a greater proportion of beneficiaries in FFS are considered to have more complete data than States with a greater proportion of beneficiaries in managed care). “Data quality” refers to technical problems, such as missing diagnosis codes, missing eligibility data, duplicate records, and missing claims. Each State’s data were assigned a score from 1 to 4; scores were developed specifically for purposes of the analysis presented in *Mental Health and Substance Abuse Services in Medicaid, 2003: Charts and State Tables*, strictly to assist readers in understanding how to interpret the data presented, and were not intended to reflect the quality of the States’ overall MAX data. If beneficiaries had multiple diagnoses on different claims during the year, they are included in the category that represents the most frequent diagnosis.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental health and substance abuse services in Medicaid, 2003: Charts and state tables* (DHHS Publication No. SMA 10-4608). Rockville, MD: Center for Mental Health Services, SAMHSA.

Table 126. Number and percentage of Medicaid fee-for-service (FFS) mental health (MH) beneficiaries using Medicaid services, by service type, by State for 13 States, 2003

[Data are based on Medicaid claims]

State	Total FFS beneficiaries (number)	Percent of all FFS beneficiaries using: ¹					Total FFS MH beneficiaries (number)	Percent of all MH FFS beneficiaries using: ^{1,2}				
		Physician or other practitioner	Prescription medications	Lab and X-ray	Outpatient hospital	Inpatient hospital		Physician or other practitioner	Prescription medications	Lab and X-ray	Outpatient hospital	Inpatient hospital
Arkansas	685,199	67.2	59.0	46.6	33.0	11.7	76,974	88.5	89.0	63.1	49.9	14.9
Georgia	1,655,020	70.9	66.2	49.3	41.0	13.7	145,204	90.5	91.3	69.8	58.5	15.4
Idaho	211,563	70.7	65.3	49.7	33.8	11.3	28,639	89.0	90.5	70.9	50.8	12.4
Illinois	2,181,601	58.0	61.2	45.3	32.3	11.5	212,004	86.5	91.6	69.5	54.0	26.8
Indiana	949,303	63.5	60.8	44.9	37.5	13.1	120,057	88.7	88.7	66.4	56.6	18.5
Kansas	329,864	59.2	57.7	38.3	20.1	12.4	47,274	77.4	84.8	55.6	32.0	16.0
Maine	293,529	63.6	72.1	49.1	44.5	7.7	62,726	81.1	92.9	65.5	61.9	10.3
Montana	111,457	67.8	63.5	44.1	32.7	14.5	20,244	85.7	85.5	60.9	46.4	16.2
North Carolina	1,488,991	75.1	70.7	57.6	42.0	15.6	182,439	90.3	92.9	72.9	57.1	19.1
South Carolina	1,033,446	57.8	63.2	43.7	31.0	11.2	95,755	81.1	90.7	60.1	48.2	14.7
Texas	3,728,699	68.9	67.9	59.8	25.7	16.1	265,419	90.4	90.6	81.1	37.1	18.5
Vermont	160,518	68.1	71.0	47.5	33.0	6.3	26,452	87.6	87.5	68.8	49.6	10.2
Wyoming	75,958	70.5	63.9	47.8	38.0	13.8	9,667	90.3	89.5	68.6	54.5	16.0

¹ Fee-for-service (FFS) beneficiaries include beneficiaries enrolled in Medicaid, but not in comprehensive managed care or a behavioral health managed care plan, for at least 1 month during the year. FFS mental health (MH) beneficiaries include FFS beneficiaries who, during the year, (1) had at least one claim on which an MH disorder was the primary diagnosis or (2) received a clearly identifiable MH service.

² Claims in the Medicaid Analytic eXtract (MAX) files are classified into 1 of 31 types of service (TOS) categories based on State and local service or procedure codes. States may vary in how they categorize similar claims into TOS categories. The psychiatric TOS includes both MH and substance abuse (SA) services. In some cases, treatments classified in the psychiatric TOS in the MAX may be received by beneficiaries who are not identified as MH or SA beneficiaries in these tables.

Table 126 notes (continued)

NOTES: This study identified Medicaid beneficiaries using MH or SA services in FFS plans in 13 States in 2003 ($n = 1,380,190$) and examined their use of medical services.

Estimates for “all FFS beneficiaries” include estimates for general medical, MH, and SA services. The MH estimates are depicted separately under “MH FFS beneficiaries” and are only for MH. Table 81 aggregates the above States and shows more detail on service type. The five service types included in the current table are the four services with the highest proportion of all beneficiaries across the 13 States in Table 81 as well as inpatient hospital services. These tables display data for 13 States that were selected after examining the completeness and quality of their Medicaid Analytic eXtract (MAX) data. “Data completeness” refers to the extent to which FFS data were available (States with a greater proportion of beneficiaries in FFS are considered to have more complete data than States with a greater proportion of beneficiaries in managed care). “Data quality” refers to technical problems, such as missing diagnosis codes, missing eligibility data, duplicate records, and missing claims. Each State’s data were assigned a score from 1 to 4; scores were developed specifically for purposes of the analysis presented in *Mental Health and Substance Abuse Services in Medicaid, 2003: Charts and State Tables*, strictly to assist readers in understanding how to interpret the data presented, and were not intended to reflect the quality of the States’ overall MAX data. If beneficiaries had multiple diagnoses on different claims during the year, they are included in the category that represents the most frequent diagnosis.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental health and substance abuse services in Medicaid, 2003: Charts and state tables* (DHHS Publication No. SMA 10-4608). Rockville, MD: Center for Mental Health Services, SAMHSA.

Table 127. Average annual expenditures of all and mental health (MH) Medicaid fee-for-service (FFS) beneficiaries, by service type, by State for 13 States, 2003

[Data are based on Medicaid claims]

State	Total FFS beneficiaries (number)	All FFS beneficiaries (dollars) ^{1,2}					Total FFS MH beneficiaries (number)	MH FFS beneficiaries (dollars) ^{1,2,3}				
		Physician or other practitioner	Prescription medications	Lab and X-ray	Outpatient hospital	Inpatient hospital		Physician or other practitioner	Prescription medications	Lab and X-ray	Outpatient hospital	Inpatient hospital
Arkansas	685,199	\$484	\$847	\$203	\$226	\$2,999	76,974	\$606	\$1,783	\$270	\$265	3,134
Georgia	1,655,020	460	941	371	718	4,739	145,204	565	2,178	514	977	6,639
Idaho	211,563	447	1,032	193	819	5,226	28,639	584	2,455	290	1,077	6,240
Illinois	2,181,601	366	1,124	201	428	8,675	212,004	538	2,710	277	507	10,435
Indiana	949,303	402	1,442	257	395	4,026	120,057	610	2,780	341	468	5,076
Kansas	329,864	388	1,399	154	173	4,316	47,274	430	2,631	201	197	5,902
Maine	293,529	340	1,337	302	1,525	14,782	62,726	447	2,178	388	2,023	19,174
Montana	111,457	523	1,277	331	526	3,909	20,244	628	2,308	410	656	4,754
North Carolina	1,488,991	514	1,282	278	609	3,945	182,439	662	2,467	399	806	5,655
South Carolina	1,033,446	463	941	144	241	4,060	95,755	526	1,819	206	303	5,934
Texas	3,728,699	446	843	291	366	4,253	265,419	615	2,257	456	507	5,845
Vermont	160,518	398	1,167	254	690	4,532	26,452	496	1,548	317	827	6,263
Wyoming	75,958	576	934	251	377	4,163	9,667	718	2,008	341	476	5,142

¹ Fee-for-service (FFS) beneficiaries include beneficiaries enrolled in Medicaid, but not in comprehensive managed care or a behavioral health managed care plan, for at least 1 month during the year. FFS mental health (MH) beneficiaries include FFS beneficiaries who, during the year, (1) had at least one claim on which an MH disorder was the primary diagnosis or (2) received a clearly identifiable MH service.

² Expenditures are claims-based Medicaid payments, including both Federal and State share.

³ Claims in the Medicaid Analytic eXtract (MAX) files are classified into 1 of 31 types of service (TOS) categories based on State and local service or procedure codes. States may vary in how they categorize similar claims into TOS categories. The psychiatric TOS includes both MH and substance abuse (SA) services. In some cases, treatments classified in the psychiatric TOS in the MAX may be received by beneficiaries who are not identified as MH or SA beneficiaries in these tables.

Table 127 notes (continued)

NOTES: This study identified Medicaid beneficiaries using MH or SA services in FFS plans in 13 States in 2003 ($n = 1,380,190$) and examined their use of medical services.

Estimates for “all FFS beneficiaries” include estimates for general medical, MH, and SA services. The MH estimates are depicted separately under “MH FFS beneficiaries” and are only for MH. Table 81 aggregates the above States and shows more detail on service type. The five service types included in the current table are the four services with the highest proportion of all beneficiaries across the 13 States in Table 81 as well as inpatient hospital services. These tables display data for 13 States that were selected after examining the completeness and quality of their Medicaid Analytic eXtract (MAX) data. “Data completeness” refers to the extent to which FFS data were available (States with a greater proportion of beneficiaries in FFS are considered to have more complete data than States with a greater proportion of beneficiaries in managed care). “Data quality” refers to technical problems, such as missing diagnosis codes, missing eligibility data, duplicate records, and missing claims. Each State’s data were assigned a score from 1 to 4; scores were developed specifically for purposes of the analysis presented in *Mental Health and Substance Abuse Services in Medicaid, 2003: Charts and State Tables*, strictly to assist readers in understanding how to interpret the data presented, and were not intended to reflect the quality of the States’ overall MAX data. If beneficiaries had multiple diagnoses on different claims during the year, they are included in the category that represents the most frequent diagnosis.

SOURCE: Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *Mental health and substance abuse services in Medicaid, 2003: Charts and state tables* (DHHS Publication No. SMA 10-4608). Rockville, MD: Center for Mental Health Services, SAMHSA.

Table 128. Estimated Medicare expenditures in mental health/substance abuse units of community hospitals, United States and by State, selected years 1997–2007

[Data are from Medicare Cost Reports]

State	Expenditures (in thousands of dollars)				
	1997	2001	2005	2006	2007 ¹
Alabama	\$108,980	\$94,088	\$126,763	\$131,124	\$150,843
Alaska	2,434	2,124	3,116	3,194	3,644
Arizona	48,686	52,918	123,307	104,175	94,752
Arkansas	62,071	74,699	68,679	61,545	60,005
California	433,006	594,772	682,510	712,818	720,655
Colorado	62,456	70,463	71,394	71,989	71,979
Connecticut	109,515	156,143	203,308	212,543	226,815
Delaware	14,009	11,631	13,484	13,447	7,552
District of Columbia	20,365	20,525	23,973	26,276	26,772
Florida	252,441	302,164	322,175	337,892	338,132
Georgia	84,933	114,483	145,974	156,253	156,733
Hawaii	718	4,960	5,374	5,202	5,623
Idaho	11,746	17,435	24,239	16,204	14,740
Illinois	308,660	326,803	345,315	370,013	363,526
Indiana	102,954	124,512	132,610	134,976	127,920
Iowa	68,277	67,111	76,043	78,625	83,984
Kansas	41,852	58,509	55,512	57,743	58,230
Kentucky	66,375	77,720	90,600	93,679	92,868
Louisiana	143,290	127,751	148,779	117,728	115,516
Maine	21,406	20,417	30,412	30,225	25,647
Maryland ²	—	—	—	—	—
Massachusetts	218,537	238,014	326,689	294,960	304,641
Michigan	328,921	282,069	301,122	319,465	299,161
Minnesota	68,756	106,249	131,736	131,715	122,515
Mississippi	94,003	94,856	124,791	126,118	120,924
Missouri	135,800	165,352	165,897	162,756	160,738
Montana	6,560	6,667	10,140	7,312	7,343
Nebraska	29,322	17,357	30,678	29,121	30,823
Nevada	14,551	17,532	15,697	16,316	16,286
New Hampshire	56,043	49,169	53,472	62,902	65,623
New Jersey	188,954	236,193	286,166	296,147	281,227
New Mexico	29,366	28,850	46,772	53,762	55,285
New York	776,967	1,152,799	1,495,095	1,540,297	1,563,199
North Carolina	166,039	176,149	213,266	237,782	250,060
North Dakota	14,517	16,012	20,015	20,630	20,567
Ohio	257,784	291,701	320,059	312,817	312,676
Oklahoma	70,158	66,986	77,319	75,979	78,053
Oregon	39,475	51,803	67,983	71,631	69,781
Pennsylvania	421,686	446,798	478,369	487,859	488,764
Rhode Island	16,875	20,572	39,995	42,128	44,018
South Carolina	84,098	82,530	104,368	109,504	113,874

(continued)

Table 128. Estimated Medicare expenditures in mental health/substance abuse units of community hospitals, United States and by State, selected years 1997–2007
(continued)

State	Expenditures (in thousands of dollars)				
	1997	2001	2005	2006	2007 ¹
South Dakota	\$17,134	\$17,167	\$18,573	\$27,393	\$29,145
Tennessee	102,228	148,168	164,370	168,773	214,206
Texas	231,642	187,134	160,865	186,145	206,376
Utah	20,580	19,973	28,715	28,856	29,619
Vermont	12,105	13,014	18,683	8,804	8,993
Virginia	141,240	145,566	173,991	193,002	198,095
Washington	59,349	78,887	93,181	88,715	94,609
West Virginia	30,927	44,971	56,586	61,018	70,403
Wisconsin	65,746	74,725	59,890	64,515	66,429
Wyoming	6,159	6,033	8,852	8,921	9,666
United States	\$5,669,694	\$6,602,526	\$7,786,900	\$7,970,997	\$8,079,038

— Data not available.

¹ 2007 data are preliminary.

² Maryland hospitals do not provide specialty unit data on the Medicare Cost Reports.

NOTES: The Medicare Cost Report is based on annual financial information reported to the Centers for Medicare & Medicaid Services. The Cost Report contains provider information, such as facility characteristics, utilization data, cost and charges by cost center (in total and for Medicare), Medicare settlement data, and financial statement data.

Number of beds in other State and local government hospitals can be found in Table 113.

Dollar estimates are not adjusted for inflation.

SOURCE: Medicare Cost Reports, 1997, 2001, 2005, 2006, and 2007, Centers for Medicare & Medicaid Services.

Table 129. Medicare fee-for-service (FFS) expenditures for mental health (MH) claimants, United States and by State, 2007

[Data are based on Medicare claims data]

State	MH claimants (number)	FFS expenditures (dollars) for MH claimants ¹			
		All services	All services per MH claimant	MH services	MH services per MH claimant
Alabama	65,920	\$1,061,495,100	\$16,103	\$123,946,647	\$1,880
Alaska	5,540	72,786,435	13,138	5,406,048	976
Arizona	50,400	762,962,355	15,138	76,715,100	1,522
Arkansas	49,760	674,085,620	13,547	79,156,835	1,591
California	329,020	6,009,086,432	18,264	653,807,241	1,987
Colorado	44,460	649,821,210	14,616	49,929,493	1,123
Connecticut	77,300	1,494,083,461	19,328	127,524,395	1,650
Delaware	13,980	280,046,141	20,032	16,181,754	1,157
District of Columbia	7,540	156,071,324	20,699	12,421,549	1,647
Florida	308,640	6,813,923,676	22,077	586,553,135	1,900
Georgia	109,460	1,576,354,148	14,401	154,225,134	1,409
Hawaii	13,200	130,526,489	9,888	14,242,364	1,079
Idaho	17,320	196,814,225	11,363	18,451,094	1,065
Illinois	203,120	3,993,960,791	19,663	328,778,479	1,619
Indiana	112,080	1,802,044,660	16,078	133,119,688	1,188
Iowa	60,720	661,721,493	10,898	52,270,434	861
Kansas	51,740	706,579,758	13,656	62,773,344	1,213
Kentucky	85,100	1,188,805,142	13,970	82,534,790	970
Louisiana	57,280	1,151,672,021	20,106	222,561,655	3,886
Maine	37,840	409,642,555	10,826	39,732,353	1,050
Maryland	80,220	1,753,316,817	21,856	136,926,745	1,707
Massachusetts	157,800	2,859,103,643	18,119	278,433,019	1,764
Michigan	183,280	3,389,872,593	18,496	223,367,161	1,219
Minnesota	76,760	937,405,026	12,212	97,852,888	1,275
Mississippi	52,920	870,444,039	16,448	114,067,675	2,155
Missouri	112,020	1,621,213,497	14,473	153,119,663	1,367
Montana	16,480	165,063,249	10,016	14,754,988	895
Nebraska	29,580	391,333,742	13,230	37,429,109	1,265
Nevada	20,600	414,266,543	20,110	41,276,081	2,004
New Hampshire	31,260	431,208,995	13,794	37,889,307	1,212
New Jersey	135,840	3,137,738,929	23,099	229,481,141	1,689
New Mexico	24,880	283,537,958	11,396	26,567,163	1,068
New York	315,960	6,058,782,362	19,176	562,586,530	1,781
North Carolina	143,940	2,092,882,265	14,540	165,592,162	1,150
North Dakota	13,200	131,893,720	9,992	10,661,339	808
Ohio	212,960	3,595,158,985	16,882	276,377,673	1,298
Oklahoma	59,180	955,823,972	16,151	88,344,640	1,493
Oregon	40,120	403,224,809	10,050	47,210,388	1,177
Pennsylvania	197,920	3,564,510,072	18,010	263,022,826	1,329
Rhode Island	20,540	326,085,907	15,876	36,033,275	1,754
South Carolina	69,800	966,663,393	13,849	89,860,790	1,287

(continued)

Table 129. Medicare fee-for-service (FFS) expenditures for mental health (MH) claimants, United States and by State, 2007 *(continued)*

State	MH claimants (number)	FFS expenditures (dollars) for MH claimants ¹			
		All services	All services per MH claimant	MH services	MH services per MH claimant
South Dakota	15,040	\$163,375,918	\$10,863	\$11,973,301	\$796
Tennessee	112,020	1,821,712,652	16,262	158,543,805	1,415
Texas	270,660	5,408,193,094	19,982	412,963,827	1,526
Utah	21,860	247,286,426	11,312	21,574,591	987
Vermont	14,520	179,223,676	12,343	16,589,983	1,143
Virginia	115,280	1,491,305,641	12,936	131,282,180	1,139
Washington	80,220	1,029,651,788	12,835	84,343,242	1,051
West Virginia	47,240	543,359,878	11,502	40,199,006	851
Wisconsin	99,200	1,344,950,676	13,558	98,036,132	988
Wyoming	6,720	81,071,545	12,064	6,449,971	960
United States	4,478,440	\$76,452,144,845	\$17,071	\$6,753,142,132	\$1,508

¹ ICD-9 diagnostic codes for mental health diagnoses categories are as follows: schizophrenia (295), major depression (296.2, 296.3), bipolar disorders and manic disorders (296.0, 296.1, 296.4–296.99), other psychoses (293, 294, 297, 298, 299), stress and adjustment disorders (308, 309), anxiety disorders and other mood disorders (300, 301.13, 311), and all other mental disorders (302, 306, 307, 310, 312, 313, 314, 316, 301 w/o 301.13).

NOTES: The Medicare Standard Analytical Files (SAF) is a nationally representative claims database that consists of a randomly selected 5 percent sample of U.S. Medicare beneficiaries. The database includes claims across various care settings, including inpatient, outpatient, skilled nursing, home health, and hospice, as well as for durable medical equipment. These estimates do not include expenditures on prescription medications.

Estimates for the United States only include data for the 50 U.S. States and exclude U.S. territories and foreign/unknown; as a result, the cumulative estimates shown here may differ from national estimates reported in Table 84.

SOURCES: Medicare 5 Percent Standard Analytical Files, 2007, Centers for Medicare & Medicaid Services.

Table 130. Medicare fee-for-service (FFS) expenditures on major depression claimants, United States and by State, 2007

[Data are based on Medicare claims data]

State	Major depression claimants (number)	FFS expenditures (dollars) for major depression claimants ¹			
		All services	All services per major depression claimant	MH services	MH services per major depression claimant
Alabama	12,860	\$162,861,701	\$12,664	\$22,970,402	\$1,786
Alaska	700	7,030,611	10,044	531,897	760
Arizona	7,280	97,652,627	13,414	7,187,464	987
Arkansas	6,920	97,926,505	14,151	11,356,995	1,641
California	67,480	1,314,798,281	19,484	128,637,392	1,906
Colorado	5,480	75,110,621	13,706	4,104,349	749
Connecticut	13,660	207,792,345	15,212	23,819,772	1,744
Delaware	2,980	52,962,799	17,773	4,657,510	1,563
District of Columbia	880	25,499,429	28,977	1,109,199	1,260
Florida	79,520	2,029,758,913	25,525	217,944,358	2,741
Georgia	22,800	316,792,512	13,894	25,283,096	1,109
Hawaii	2,060	15,914,959	7,726	1,870,921	908
Idaho	1,900	20,980,414	11,042	2,200,983	1,158
Illinois	38,320	695,417,106	18,148	65,348,150	1,705
Indiana	19,480	289,903,272	14,882	22,877,728	1,174
Iowa	9,700	112,350,066	11,582	11,033,407	1,137
Kansas	8,700	119,823,865	13,773	13,645,290	1,568
Kentucky	13,640	160,137,947	11,740	14,239,992	1,044
Louisiana	12,860	285,933,795	22,234	65,755,875	5,113
Maine	5,020	50,277,468	10,015	7,489,078	1,492
Maryland	15,640	312,620,212	19,989	27,549,812	1,761
Massachusetts	35,100	606,892,817	17,290	66,574,419	1,897
Michigan	33,240	602,499,205	18,126	40,720,762	1,225
Minnesota	12,820	147,862,707	11,534	18,737,327	1,462
Mississippi	8,620	146,431,967	16,987	24,162,837	2,803
Missouri	25,680	395,196,014	15,389	35,145,761	1,369
Montana	1,740	18,242,911	10,484	2,660,919	1,529
Nebraska	4,040	60,040,296	14,861	6,707,007	1,660
Nevada	3,380	65,688,287	19,434	5,102,390	1,510
New Hampshire	5,800	80,249,781	13,836	8,167,149	1,408
New Jersey	27,040	539,174,173	19,940	33,220,627	1,229
New Mexico	3,800	39,267,740	10,334	4,866,029	1,281
New York	54,940	964,692,441	17,559	82,504,485	1,502
North Carolina	24,680	306,601,282	12,423	29,955,600	1,214
North Dakota	1,240	11,046,841	8,909	1,084,713	875
Ohio	32,180	526,156,035	16,350	38,102,112	1,184
Oklahoma	9,560	160,248,099	16,762	14,279,817	1,494
Oregon	5,060	52,936,769	10,462	5,412,929	1,070
Pennsylvania	37,640	682,554,033	18,134	54,398,618	1,445
Rhode Island	3,640	41,484,101	11,397	6,454,481	1,773
South Carolina	11,580	126,961,198	10,964	10,424,261	900

(continued)

Table 130. Medicare fee-for-service (FFS) expenditures on major depression claimants, United States and by State, 2007 *(continued)*

State	Major depression claimants (number)	FFS expenditures (dollars) for major depression claimants ¹			
		All services	All services per major depression claimant	MH services	MH services per major depression claimant
South Dakota	1,540	\$14,764,987	\$9,588	\$1,905,507	\$1,237
Tennessee	28,100	467,655,238	16,643	43,734,034	1,556
Texas	51,500	985,694,000	19,140	87,479,876	1,699
Utah	3,940	43,007,762	10,916	4,975,338	1,263
Vermont	2,080	21,010,570	10,101	3,782,674	1,819
Virginia	22,360	294,944,206	13,191	25,103,282	1,123
Washington	11,000	138,929,337	12,630	12,050,678	1,096
West Virginia	9,500	85,624,924	9,013	5,585,360	588
Wisconsin	14,080	173,727,189	12,339	14,276,385	1,014
Wyoming	720	6,117,792	8,497	330,955	460
United States	834,480	\$14,257,248,151	\$17,085	\$1,367,520,005	\$1,639

¹ ICD-9 diagnostic codes for the major depression category (296.2, 296.3) include major depressive disorder—single episode and major depressive disorder—recurrent episode.

NOTES: The Medicare Standard Analytical Files (SAF) is a nationally representative claims database that consists of a randomly selected 5 percent sample of U.S. Medicare beneficiaries. The database includes claims across various care settings, including inpatient, outpatient, skilled nursing, home health, and hospice, as well as for durable medical equipment. These estimates do not include expenditures on prescription medications.

Estimates for the United States only include data for the 50 U.S. States and exclude U.S. territories and foreign/unknown; as a result, the cumulative estimates shown here may differ from national estimates reported in Table 84.

SOURCES: Medicare 5 Percent Standard Analytical Files, 2007, Centers for Medicare & Medicaid Services.

Table 131. Medicare fee-for-service (FFS) expenditures on mental health (MH) claimants and MH expenditures for claimants aged 0 to 64, United States and by State, 2007

[Data are based on Medicare claims data]

State	MH claimants (number)	FFS expenditures (dollars)			
		All services	All services per claimant	MH services	MH services per claimant
Alabama	28,800	\$321,695,823	\$11,170	\$62,424,365	\$2,168
Alaska	2,620	18,700,830	7,138	3,184,426	1,215
Arizona	19,340	197,143,343	10,194	27,373,623	1,415
Arkansas	21,240	192,802,305	9,077	34,459,513	1,622
California	132,680	1,704,424,704	12,846	403,092,938	3,038
Colorado	17,080	157,181,506	9,203	22,246,629	1,302
Connecticut	27,660	374,139,000	13,526	72,517,730	2,622
Delaware	5,080	69,317,677	13,645	6,636,536	1,306
District of Columbia	2,660	48,382,131	18,189	8,899,710	3,346
Florida	95,020	1,504,288,290	15,831	258,766,694	2,723
Georgia	46,640	488,173,642	10,467	70,603,418	1,514
Hawaii	5,700	27,946,643	4,903	5,438,684	954
Idaho	6,760	57,955,464	8,573	9,902,121	1,465
Illinois	70,380	926,363,134	13,162	175,791,330	2,498
Indiana	43,300	441,278,652	10,191	57,438,852	1,327
Iowa	22,280	172,746,860	7,753	30,321,568	1,361
Kansas	18,640	165,482,640	8,878	29,009,240	1,556
Kentucky	39,380	363,676,828	9,235	40,444,907	1,027
Louisiana	22,740	339,185,809	14,916	116,762,787	5,135
Maine	16,480	121,543,233	7,375	22,237,186	1,349
Maryland	27,180	448,414,864	16,498	82,403,359	3,032
Massachusetts	68,160	821,579,392	12,054	168,516,012	2,472
Michigan	73,080	955,692,575	13,077	117,798,249	1,612
Minnesota	35,060	330,783,770	9,435	63,952,936	1,824
Mississippi	23,920	280,353,710	11,720	53,260,227	2,227
Missouri	49,840	507,720,127	10,187	89,483,542	1,795
Montana	5,580	38,220,551	6,850	6,454,802	1,157
Nebraska	10,760	101,901,481	9,470	22,426,298	2,084
Nevada	8,700	119,326,065	13,716	19,103,116	2,196
New Hampshire	11,720	113,055,058	9,646	18,640,213	1,590
New Jersey	46,240	695,332,262	15,037	128,736,057	2,784
New Mexico	10,820	98,373,860	9,092	14,095,594	1,303
New York	120,640	1,478,884,680	12,259	334,178,978	2,770
North Carolina	60,600	665,789,625	10,987	82,128,253	1,355
North Dakota	4,000	34,858,833	8,715	6,257,135	1,564
Ohio	78,020	936,093,815	11,998	132,459,800	1,698
Oklahoma	23,100	235,354,938	10,189	38,812,420	1,680
Oregon	16,520	140,133,385	8,483	19,721,700	1,194
Pennsylvania	67,720	756,654,785	11,173	118,655,423	1,752
Rhode Island	8,900	97,124,242	10,913	22,021,603	2,474
South Carolina	30,580	302,205,893	9,882	43,710,822	1,429

(continued)

Table 131. Medicare fee-for-service (FFS) expenditures on mental health (MH) claimants and MH expenditures for claimants aged 0 to 64, United States and by State, 2007 *(continued)*

State	MH claimants (number)	FFS expenditures (dollars)			
		All services	All services per claimant	MH services	MH services per claimant
South Dakota	4,600	\$39,848,948	\$8,663	\$6,111,038	\$1,328
Tennessee	50,200	558,460,329	11,125	84,551,302	1,684
Texas	95,760	1,402,651,663	14,648	206,056,952	2,152
Utah	9,940	79,157,676	7,964	13,217,201	1,330
Vermont	6,260	68,893,058	11,005	11,183,355	1,786
Virginia	44,820	399,402,409	8,911	70,056,795	1,563
Washington	33,020	309,286,324	9,367	53,803,395	1,629
West Virginia	22,680	184,757,185	8,146	21,373,170	942
Wisconsin	35,940	348,668,338	9,701	49,303,611	1,372
Wyoming	2,380	21,639,736	9,092	4,007,546	1,684
United States	1,731,220	\$20,263,048,089	\$11,704	\$3,560,033,166	\$2,056

NOTES: The Medicare Standard Analytical Files (SAF) is a nationally representative claims database that consists of a randomly selected 5 percent sample of U.S. Medicare beneficiaries. The database includes claims across various care settings, including inpatient, outpatient, skilled nursing, home health, and hospice, as well as for durable medical equipment. These estimates do not include expenditures on prescription medications.

Estimates for the United States only include data for the 50 U.S. States and exclude U.S. territories and foreign/unknown; as a result, the cumulative estimates shown here may differ from national estimates reported in Table 84.

SOURCES: Medicare 5 Percent Standard Analytical Files, 2007, Centers for Medicare & Medicaid Services.

Table 132. Medicare fee-for-service (FFS) expenditures on mental health (MH) claimants and MH expenditures for claimants aged 65 or older, United States and by State, 2007

[Data are based on Medicare claims data]

State	MH claimants (number)	FFS expenditures (dollars)			
		All services	All services per claimant	MH services	MH services per claimant
Alabama	37,120	\$739,799,278	\$19,930	\$61,522,281	\$1,657
Alaska	2,920	54,085,605	18,522	2,221,622	761
Arizona	31,060	565,819,011	18,217	49,341,476	1,589
Arkansas	28,520	481,283,314	16,875	44,697,322	1,567
California	196,340	4,304,661,728	21,925	250,714,303	1,277
Colorado	27,380	492,639,704	17,993	27,682,864	1,011
Connecticut	49,640	1,119,944,461	22,561	55,006,665	1,108
Delaware	8,900	210,728,463	23,677	9,545,218	1,072
District of Columbia	4,880	107,689,193	22,067	3,521,839	722
Florida	213,620	5,309,635,387	24,856	327,786,441	1,534
Georgia	62,820	1,088,180,506	17,322	83,621,716	1,331
Hawaii	7,500	102,579,846	13,677	8,803,680	1,174
Idaho	10,560	138,858,761	13,150	8,548,973	810
Illinois	132,740	3,067,597,657	23,110	152,987,149	1,153
Indiana	68,780	1,360,766,008	19,784	75,680,836	1,100
Iowa	38,440	488,974,632	12,720	21,948,866	571
Kansas	33,100	541,097,118	16,347	33,764,104	1,020
Kentucky	45,720	825,128,314	18,047	42,089,883	921
Louisiana	34,540	812,486,212	23,523	105,798,867	3,063
Maine	21,360	288,099,322	13,488	17,495,167	819
Maryland	53,040	1,304,901,953	24,602	54,523,385	1,028
Massachusetts	89,640	2,037,524,251	22,730	109,917,007	1,226
Michigan	110,200	2,434,180,018	22,089	105,568,913	958
Minnesota	41,700	606,621,256	14,547	33,899,952	813
Mississippi	29,000	590,090,328	20,348	60,807,448	2,097
Missouri	62,180	1,113,493,371	17,908	63,636,121	1,023
Montana	10,900	126,842,698	11,637	8,300,185	761
Nebraska	18,820	289,432,262	15,379	15,002,811	797
Nevada	11,900	294,940,477	24,785	22,172,964	1,863
New Hampshire	19,540	318,153,937	16,282	19,249,094	985
New Jersey	89,600	2,442,406,667	27,259	100,745,084	1,124
New Mexico	14,060	185,164,098	13,170	12,471,569	887
New York	195,320	4,579,897,682	23,448	228,407,552	1,169
North Carolina	83,340	1,427,092,639	17,124	83,463,909	1,001
North Dakota	9,200	97,034,887	10,547	4,404,205	479
Ohio	134,940	2,659,065,169	19,706	143,917,873	1,067
Oklahoma	36,080	720,469,035	19,969	49,532,220	1,373
Oregon	23,600	263,091,424	11,148	27,488,688	1,165
Pennsylvania	130,200	2,807,855,288	21,566	144,367,403	1,109
Rhode Island	11,640	228,961,665	19,670	14,011,673	1,204
South Carolina	39,220	664,457,500	16,942	46,149,967	1,177

(continued)

Table 132. Medicare fee-for-service (FFS) expenditures on mental health (MH) claimants and MH expenditures for claimants aged 65 or older, United States and by State, 2007 *(continued)*

State	MH claimants (number)	FFS expenditures (dollars)			
		All services	All services per claimant	MH services	MH services per claimant
South Dakota	10,440	\$123,526,971	\$11,832	\$5,862,263	\$562
Tennessee	61,820	1,263,252,323	20,434	73,992,503	1,197
Texas	174,900	4,005,541,432	22,902	206,906,874	1,183
Utah	11,920	168,128,749	14,105	8,357,390	701
Vermont	8,260	110,330,618	13,357	5,406,627	655
Virginia	70,460	1,091,903,232	15,497	61,225,384	869
Washington	47,200	720,365,464	15,262	30,539,847	647
West Virginia	24,560	358,602,693	14,601	18,825,836	767
Wisconsin	63,260	996,282,338	15,749	48,732,520	770
Wyoming	4,340	59,431,809	13,694	2,442,425	563
United States	2,747,220	\$56,189,096,756	\$20,453	\$3,193,108,965	\$1,162

NOTES: The Medicare Standard Analytical Files (SAF) is a nationally representative claims database that consists of a randomly selected 5 percent sample of U.S. Medicare beneficiaries. The database includes claims across various care settings, including inpatient, outpatient, skilled nursing, home health, and hospice, as well as for durable medical equipment. These estimates do not include expenditures on prescription medications.

Estimates for the United States only include data for the 50 U.S. States and exclude U.S. territories and foreign/unknown; as a result, the cumulative estimates shown here may differ from national estimates reported in Table 84.

SOURCES: Medicare 5 Percent Standard Analytical Files, 2007, Centers for Medicare & Medicaid Services.

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